Department of Justice Office of the Inspector General
Investigations Division
Transcription Request Form

This form is for transcription requests only. Do not use this form for translation requests.

Instructions for the Field

1. Complete all fields in Section I, (except for the Final Pages column).
2. List all recordings that you are submitting for transcription individually on the form. If you are submitting five individual recordings for transcription, then five entries must be listed on this form.
3. Submit all recordings on one form if the case number, turnaround time and submission date are the same. Do not submit separate forms at the same time if your case number and turnaround time are the same.
4. Include relevant information in the Names and Unfamiliar Terms field.
5. Obtain your supervisor approval in the OFFICE SAC/ASAC field.
6. Post your approved form and all matching recordings to the INV transcription folder. Do not email your approved form or recordings to ASB or email ASB advising that your form has been posted for processing. ASB processes all approved transcription requests daily.
7. Set an alert on the transcription log so that you can be alerted when your transcription has been sent to and received from the contractor. *The transcription log is kept up to date with the current status of your transcription request.* Unless your transcript is past due, please do not contact the ASB for the status of your transcription. The transcription log has the current status of your request.

Section I. To be completed by the requesting office

Date	05/31/22	Case Number (Without the Dash)	2019010614
Office Phone	[redacted]	Case Agent Duty Station	NYFO
Turnaround	5 business days $2.89 per page	Case Agent (Last Name)	[redacted]

	Full Name of Recording Subject Last Name, First Name	Date of Recording MM/DD/YY	Exact Length of Recording HH:MM:SS	Type of Recording	Final Pages
1	[redacted]	05/31/22	00:48:35	Interview - Audio	55
2					
3					
4					
5					
6					
7					
8					
9					
10					

Names and Unfamiliar Terms	Special Agent in Charge [redacted] Special Agent [redacted] Attorney [redacted] Dr. [redacted] Office of the Chief Medical Examiner (OCME)

OFFICE SAC/ASAC: The transcription request described above is approved.

[redacted]

Digitally signed by [redacted]
Date: 2022.05.31 18:06:15 -04'00'

All electronic files - recordings and request forms - must follow the below file name format:
Case Number (no dash), Subject Last Name, Recording Date
Example: **2020001234 Iamgroot 063020**

Section II. To be completed by INV/HQ/ASB

[redacted]

Date:

Date:

ESTIMATED COST:$208.08 ACTUAL COST:$158.95 Updated 9/21/2020