CITY OF SEATTLE

OFFICE OF HEARING EXAMINER

Seattle Municipal Tower, 700 5th Avenue, Suite 4000, Seattle WA 98124-4729

Phone: (206) 684-0521

TRANSCRIPT PREPARATION INSTRUCTIONS

As noted in the postscript to the decision, transcript preparation is the responsibility of the person seeking review. To get a certified transcript of a hearing, complete the following steps.

1. DOWNLOAD THE MP3 AUDIO FILE OF THE HEARING

Obtain a download of the MP3 audio file of the hearing from the Office of Hearing Examiner's electronic case file. You can access the electronic case file by entering the Hearing Examiner File number in our case search on the webpage. You will also receive a Certification of Transcriber form to assist you in preparing the transcript for certification.

2. TRANSCRIBE PROCEEDINGS FROM AN MP3 RECORDING

Have a verbatim transcript prepared from the MP3 (the minutes of the hearing will help the transcriber identify voices, etc.). It is advisable to have the transcript prepared by a professional who has experience in preparing transcripts from MP3 recorded proceedings. The transcript must be a true and correct transcription of the audio recording. It must be typed on paper which has numbered lines, with the pages numbered consecutively. Paying for the preparation of the transcript is the responsibility of the person requesting it. Have the person who prepares the transcript complete and sign the TRANSCRIBER CERTIFICATION. (See Step 4.)

3. COPY TO CITY ATTORNEY

Present a copy of the completed transcript to the City Attorney's Office. Leave the copy and have the City Attorney's Office date-stamp the first page of the original (this shows that the City Attorney has received a copy). [You should also have one or more copies of the transcript for your use.]

4. ORIGINAL TRANSCRIPT TO HEARING EXAMINER

At least 4 weeks prior to the date the transcript must be filed with the court, submit the following to the Office of Hearing Examiner:

- The original transcript (with page 1 stamped by the City Attorney's Office as noted in #3 above]
- The completed and signed TRANSCRIBER CERTIFICATION

5. REVIEW BY PARTIES

After receiving the transcript, the examiner will notify the parties of the date by which they must file and serve any objections to the transcript. If the parties have objections to the transcript, or the examiner determines that the transcript as a whole is not a complete and accurate transcription of the recording, the examiner may require that it be revised. Costs associated with required revisions are the responsibility of party who had the transcript prepared.

6. CERTIFICATION

Once the Hearing Examiner finds that the transcript is complete and accurate, it will be certified and the proper party notified to pick it up for submission to court.

CITY OF SEATTLE

OFFICE OF HEARING EXAMINER

LIST OF TRANSCRIBERS

CHECK WITH TRANSCRIBERS AS TO AVAILABILITY, TURNAROUND TIME, RATES, AMOUNT OF EXPERIENCE, ETC. THIS list CONSISTS OF THOSE WHO HAVE INDICATED EXPERIENCE AND WILLINGNESS TO DO TRANSCRIPTION WORK. PROFICIENCY WAS NOT INVESTIGATED AND THIS LISTING IS NOT A RECOMMENDATION, NOR DOES IT IN ANY WAY SUGGEST A GUARANTEE AS TO THE QUALITY OF WORK TO BE EXPECTED. YOU ARE FREE TO HAVE TRANSCRIPTIONS PREPARED BY PERSON[S] NOT ON THIS LIST.

Rough & Associates
3515 SW Alaska
Seattle, WA 98126
206-682-1427

Wilson Transcription Solutions
Wilson Transcription Solutions

Buell Realtime Reporting
1325 Fourth Avenue,
Suite 1840,
Seattle, WA 98101
206-287-9066
transcripts@buellrealtime.com

Reed, Jackson and Watkins
1425 4th Avenue, Suite 520
Seattle, WA 98101 Contact: Bonnie or Margie 206-624-3005

TRANSCRIBER CERTIFICATION

I, _____, hereby certify that the enclosed transcript prepared by me is a true, complete and correct transcription of the recording(s) provided by the Office of Hearing Examiner in the case of the appeal of _____, File No. _____. I further certify that I have no interest in the outcome of the case.

Entered this _____day of _____, 20___.

Date: _____

Signed:_____

Name:_____

Address:_____

_____

Telephone:_____