

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SPOKANE

APPLICATION FOR PRELIMINARY APPROVAL RE: TRANSCRIPTIONIST LIST

DATE _____

TO: Superior Court Administrator
1116 West Broadway Ave
Spokane, WA 99260

FULL NAME _____

ADDRESS _____

CITY _____, STATE _____ ZIP _____

BUSINESS PHONE NUMBER _____

(This is the one we will have on file for the public requesting list of transcriptionists.)

E-MAIL ADDRESS: _____

I, _____, am pursuing a supervised mentorship with _____,
a certified court reporter for one year to be completed on _____. I understand this
is a probationary period, and a Mentorship Certification for Transcriptionist form must be
submitted at the completion of the one year.

**Attach certification or affidavit from certified court reporter.*

All transcripts must have the certification attached as required by Superior Court.

Please list any other qualifications you believe are relevant.

I certify under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Date and Place signed

Signature