

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

**APPLICATION FOR TRANSCRIPTIONIST FOR SPOKANE SUPERIOR COURT**

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 transcriptionist.)

Email address: \_\_\_\_\_

Please state qualifications: (check all that apply).

\_\_\_\_ I am a court reporter and currently full time employed for a court.

\_\_\_\_ AAERT Certificate\* Date of certification \_\_\_\_\_

\_\_\_\_ One year Mentorship completed\* Date of Completion \_\_\_\_\_

*\*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