UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT $\int 0 - 1066$ CIVIL APPEAL TRANSCRIPT INFORMATION (FORM D) RECEIVED

ŝ

CIVIL APPEAL I KANSONILA HAR STORE IN THE APPELLANT MUST FILE THE ORIGINAL OF THIS FORM WITH HIDE GUERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL. SECOND CIRCUIT

THIS SECTION MUST BE COMPLETED BY COUNSEL FOR APPELLANT						
CASE TITLE	DISTRICT US District Court DOCKET NUMBER 09-01-1220 For the District of Connection (Marthaven)					
Richardsonv Hartford Public Library	JUDGE Alvin W. Thompson	APPELLANT Maxine Richardson				
	COURT REPORTER	COUNSEL FOR APPELLANT Pro Se				
Check the applicable provision: I am ordering a transcript. I am not ordering a transcript Reason for not ordering a transcript: Copy is already available No transcribed proceedings Other (Specify in the space below	WHICH A TRANSCRIPT IS REQUIRE	NG DATES, OF THE PROCEEDINGS FOR D (<i>i.e.</i> , oral argument, order from the bench, etc.)				
Image:		EL'S NAME, ADDRESS, TELEPHONE)				
I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. See FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.						
COUNSEL'S SIGNATURE	DATE	DATE				
COURT REPORTER ACKNOWLEDGMENT: This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.						
DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES				
SIGNATURE OF COURT REPORTED		DATE				

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT RECEIVED

CAPTION:	10 APR 14 AM 10: 39
Richardson	V. U.S. COURT OF APPEALS
Hartford Public	Docket Number: 10-1066
1. broky	
11 . 0	
I, Maxine Kie	leardson, hereby certify under penalty of perjury that on
4/8/10 ^(name)	, I served a copy of <u>Civil appeal Iranarif</u>
9 Januation (Form h)) and acknowledge and totice of appearence
Julian (1000)	(list all documents)

by (select all applicable)*



on the following parties (complete all information and add additional pages as necessary):

milame Que	enn 150 Jum	ball St Hailts	al Ch	06103		
Name	Address	City	State	Zip Code		
Name	Address	City	State	Zip Code		
Name	Address	City	State	Zip Code		
Name	Address	City	State	Zip Code		
4/8/10		Matine	litte	untin		
Today's Date		Signature				

*If different methods of service have been used on different parties, please indicate on a separate page, the type of service used for each respective party.

Certificate of Service Form