

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

211 W. Fort Street  
17th Floor  
Detroit, MI 48226

226 W. Second Street  
Flint, MI 48502

**Order Party: Name, Address and Telephone Number**

Name Syncora Guarantee & Syncora Capital Assurance

Firm Kirkland & Ellis LLP

Address 300 N. LaSalle

City, State, Zip Chicago, IL 60654

Phone 312.862.3200

Email dustin.paige@kirkland.com

**Case/Debtor Name: City of Detroit, MI**

**Case Number: 13-53846**

**Chapter: 9**

**Hearing Judge: Hon. Steven Rhodes**

**Bankruptcy**     **Adversary**

**Appeal**    Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** 10/15/13    **Time of Hearing:** 10:00 am    **Title of Hearing:** Hearing re Detroit Bankruptcy

Please specify portion of hearing requested:     **Original/Unredacted**     **Redacted**     **Copy (2<sup>nd</sup> Party)**


**Entire Hearing**     **Ruling/Opinion of Judge**     **Testimony of Witness**     **Other**

Special Instructions: \_\_\_\_\_

**Type of Request:**

- Ordinary Transcript - \$3.65 per page (30 calendar days)
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**Signature of Ordering Party:**

    Date: 10/21/2013  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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Transcript To Be Prepared By

\_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

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