

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

111 First Street  
Bay City, MI 48708

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

Name Robert S. Hertzberg

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City, State, Zip Southfield, MI 48075

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

**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:** 12/03/2013    **Time of Hearing:** 10:00 am    **Title of Hearing:** Eligibility Decision

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: Please provide an "unredacted" copy.

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**Signature of Ordering Party:**

/s/ Robert S. Hertzberg    Date: 12/4/2013  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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