

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**

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Phone 212-768-6800  
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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: 10/23/2013    Time of Hearing: \_\_\_\_\_    Title of Hearing: Eligibility Trial

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

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**Signature of Ordering Party:**

/s/Claude D. Montgomery                          Date: 12/10/2013  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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