

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 Matthew Schneider
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Address P.O. Box 30212, Lansing, MI 48909
City, State, Zip 525 W. Ottawa St, Lansing, MI 48933
Phone 517-241-8403
Email gustafsonh@michigan.gov

Case/Debtor Name: In Re: City of Detroit

Case Number: **13-53846**
Chapter:
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: Trial Transcript

Please specify portion of hearing requested: Original/Unredacted Redacted Copy #2nd 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)
- 14-Day Transcript - \$4.25 per page (14 calendar days)
- Expedited Transcript - \$4.85 per page (7 working days)
- CD - \$30; FTR Gold format "You must download the free FTR Record Player™ onto your computer from [http://www.ftr.com](#)"

Signature of Ordering Party:

/s/ Matthew Schneider Date: 12/11/2013
By signing, I certify that I will pay all charges upon completion of the transcript request.

FOR COURT USE ONLY

Transcript To Be Prepared By

_____ Date _____ By _____

Order Received:

Transcript Ordered

Transcript Received