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

Firm Department of Attorney General

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: 10/16/2013 **Time of Hearing:** 10 am **Title of Hearing:** eligibility issue

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

(●) Entire Hearing ( ) Ruling/Opinion of Judge ( ) Testimony of Witness ( ) Other

Special Instructions: **(FYI only - This has already been ordered by a different party.)**

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)

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Signature of Ordering Party:

/s/ Matthew Schneider Date: 12/16/2013

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