

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

211 W. Fort Street
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Detroit, MI 48226

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Order Party: Name, Address and Telephone Number

Name Judy B. Calton

Firm Honigman Miller Schwartz and Cohn LLP

Address 660 Woodward Avenue, Suite 2290

City, State, Zip Detroit, MI 48226

Phone 313-465-7344

Email jcalton@honigman.com

Case/Debtor Name: City of Detroit, Michigan

Case Number: 13-53846-swr

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: 01/16/2014 **Time of Hearing:** 2:00 pm **Title of Hearing:** Bench ruling on Motions

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)
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Signature of Ordering Party:

/s/ Judy B. Calton Date: 1/17/14

By signing, I certify that I will pay all charges upon completion of the transcript request.

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