

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 Judy B. Calton

Firm Honigman Miller Schwartz and Cohn LLP

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City, State, Zip Detroit, MI 48226

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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: 01/22/2014 Time of Hearing: 10:00 Title of Hearing: Motion to Assess DIA Art

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: \_\_\_\_\_

**Type of Request:**

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**Signature of Ordering Party:**

/s/ Judy B. Calton Date: 1/28/2014  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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Transcript To Be Prepared By \_\_\_\_\_

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