

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

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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

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: 08/28/2013 **Time of Hearing:** 10:00 AM **Title of Hearing:** Syncora Motion

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: 8/28/2013
By signing, I certify that I will pay all charges upon completion of the transcript request.

FOR COURT USE ONLY

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