

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
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**Order Party: Name, Address and Telephone Number**

Name Christine Cronk

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City, State, Zip Nashville, TN 37219

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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:** 8/28/2013 **Time of Hearing:** 10:00 a.m. **Title of Hearing:** Syncora Motion

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

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**Signature of Ordering Party:**

/s/ Christine T. Cronk Date: 8/28/2013

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