

AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Read Instructions on Back:</i>					
1. NAME Jeffrey A. Williams, Asst. Federal Public Defender		2. PHONE NUMBER (602) 382-2700		3. DATE 3/14/2008	
4. FIRM NAME Federal Public Defenders Office					
5. MAILING ADDRESS 850 W. Adams Street, Suite 201			6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85283
9. CASE NUMBER CR-98-196-PHX-ROS		10. JUDGE Roslyn O. Silver		DATES OF PROCEEDINGS	
		11. 1/19/1999		12. 1/19/1999	
13. CASE NAME USA v. Larry Dosela, Sr.			LOCATION OF PROCEEDINGS		
		14. Phoenix		15. STATE AZ	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		01/19/1999			
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)	
30 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input type="checkbox"/> ASCII FORMAT <input type="checkbox"/>	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS	
19. SIGNATURE s/Jeffrey A. Williams				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>	
20. DATE 3/14/2008					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
				0.00	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	
PARTY RECEIVED TRANSCRIPT				0.00	
				TOTAL REFUNDED	
				TOTAL DUE	
				0.00	

**DISTRIBUTION:** COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY