

AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
Read Instructions on Back: <b>TRANSCRIPT ORDER</b>					
1. NAME Judge Mary H. Murguia		2. PHONE NUMBER (602) 322-7580		3. DATE 3/28/2008	
4. FIRM NAME U.S. District Court					
5. MAILING ADDRESS 401 W. Washington St.			6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85003
9. CASE NUMBER CV 05-1602-PHX-MHM		10. JUDGE Judge Murguia		DATES OF PROCEEDINGS	
				11. 3/24/2008	12. 3/24/2008
13. CASE NAME UC Restaurant LLC v. Maricopa County			LOCATION OF PROCEEDINGS		
			14. Phx.	15. STATE AZ	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input checked="" type="checkbox"/> OTHER (Specify) Court	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
DATE(S)		DATE(S)		DATE(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 checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				3/24/2008	
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<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)	
ESTIMATED COSTS					
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input checked="" type="checkbox"/>	
14 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		E-MAIL <input type="checkbox"/>	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		DISK <input type="checkbox"/>	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>		PDF FORMAT <input type="checkbox"/>	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <input type="checkbox"/>	
				E-MAIL ADDRESS	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).					
19. SIGNATURE				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 3/31/08					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
				0.00	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
TRANSCRIPT ORDERED				DEPOSIT PAID	
TRANSCRIPT RECEIVED				TOTAL CHARGES	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				0.00	
				LESS DEPOSIT	
				0.00	
				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	
				0.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY