

AO 435 (Rev. 10/05)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:		
1. NAME Mary Sue Feldmeier, Assistant U.S. Attorney				2. PHONE NUMBER (520) 620-7351		3. DATE 8/9/2007
4. FIRM NAME U.S. Attorney's Office						
5. MAILING ADDRESS 405 W. Congress St., Suite 4800			6. CITY Tucson		7. STATE AZ	8. ZIP CODE 85701
9. CASE NUMBER 07-6778M		10. JUDGE Pyle	DATES OF PROCEEDINGS			
			11. 7/26/2007	12. 7/26/2007		
13. CASE NAME U.S. v. Monica Rodriguez			LOCATION OF PROCEEDINGS			
			14. Tucson	15. STATE AZ		
16. ORDER FOR						
<input type="checkbox"/> APPEAL	<input checked="" type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY			
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<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)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<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 checked="" type="checkbox"/> OTHER (Specify)		7/26/2007
<input type="checkbox"/> SENTENCING				Initial Appearance (CRP)		
<input type="checkbox"/> BAIL HEARING						
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	ADDITIONAL COPIES	DELIVERY INSTRUCTIONS		ESTIMATED COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	PAPER COPY <input checked="" type="checkbox"/>		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	ELECTRONIC COPY:		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	DISK <input type="checkbox"/>		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	E-MAIL <input type="checkbox"/>		
				E-MAIL ADDRESS		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
19. SIGNATURE S/Mary Sue Feldmeier				PROCESSED BY		PHONE NUMBER
20. DATE 8/10/2007				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>		
TRANSCRIPT TO BE PREPARED BY						
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00

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