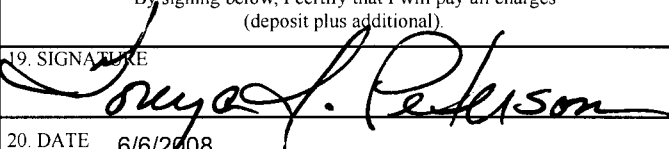


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Read Instructions on Back:</i>					
1. NAME Tonya J. Peterson		2. PHONE NUMBER (602) 254-5544		3. DATE 6/6/2008	
4. FIRM NAME Law Office of Tonya J. Peterson					
5. MAILING ADDRESS 3839 North Third St.			6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85012
9. CASE NUMBER CR -03-1161-PHX-SRB		10. JUDGE Honorable Susan R. Bolton		DATES OF PROCEEDINGS	
				11. 3/14/2004	12. 4/11/2006
13. CASE NAME U.S. Jose Verdugo-Munoz				LOCATION OF PROCEEDINGS	
		14. Phoenix	15. STATE AZ		
16. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<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		DESIGNATION ONLY		<input type="checkbox"/> TESTIMONY (Specify	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				From 3/12/2004	
<input type="checkbox"/> OPENING STATEMENT (Defendant)		ALL TRANSCRIPTS		To 4/11/2006	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		PART OF RECORD		<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 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)	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input 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"/>			
				ESTIMATED COSTS	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS	
19. SIGNATURE 				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 6/6/2008					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
				0.00	
		DATE	BY	PROCESSED BY	
ORDER RECEIVED				PHONE NUMBER	
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	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY