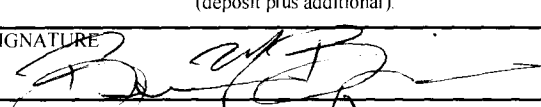


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:		
<i>Read Instructions on Back:</i>						
1. NAME BRIAN BERGIN		2. PHONE NUMBER (480) 240-5634		3. DATE 8/9/2010		
4. FIRM NAME ROSE LAW GROUP						
5. MAILING ADDRESS 6613 N. SCOTTSDALE ROAD #200			6. CITY SCOTTSDALE	7. STATE AZ	8. ZIP CODE 85250	
9. CASE NUMBER 2:10CV01413		10. JUDGE BOLTON		DATES OF PROCEEDINGS		
				11. 7/22/2010	12. 7/22/2010	
13. CASE NAME USA V. STATE OF ARIZONA			LOCATION OF PROCEEDINGS			
			14. PHOENIX	15. STATE AZ		
16. ORDER FOR						
<input checked="" type="checkbox"/> APPEAL	<input 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)		
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)						
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)				ORAL ARGUMENT RE AUDITION FOR PRELIMINARY INJUNCTION		
<input type="checkbox"/> OPINION OF COURT				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> JURY INSTRUCTIONS						
<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 type="checkbox"/> E-MAIL <input type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input checked="" type="checkbox"/> ASCII FORMAT <input type="checkbox"/>		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS	<input checked="" 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 bbergin@roselawgroup.com		
19. SIGNATURE 				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 8-9-10						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		0.00
ORDER RECEIVED		DATE	BY	PROCESSED BY		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

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