

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 Anne Lai		2. PHONE NUMBER (602) 773-6001		3. DATE 7/23/2010		
4. FIRM NAME ACLU Foundation of Arizona						
5. MAILING ADDRESS 77 E. Columbus Avenue, Suite 205			6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85012	
9. CASE NUMBER CV10-1413-PHX-SRB		10. JUDGE Susan R. Bolton		DATES OF PROCEEDINGS		
				11. 7/22/2010	12.	
13. CASE NAME United States of America v. State of Arizona, et al.				LOCATION OF PROCEEDINGS		
		14. Phoenix		15. STATE AZ		
16. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY		
				<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)		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)				Oral Argument		
<input type="checkbox"/> OPINION OF COURT				7/22/2010		
<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 type="checkbox"/> E-MAIL <input checked="" 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 type="checkbox"/>	<input type="checkbox"/>			
DAILY		<input checked="" 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 alai@acluaz.org		
19. SIGNATURE s/Anne Lai				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 7/23/2010						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	0.00	
ORDER RECEIVED		DATE	BY	PROCESSED BY		
DEPOSIT PAID				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