

SAO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
<i>Read Instructions on Back:</i>					
1. NAME Abigail Woodbury		2. PHONE NUMBER (202) 885-4843		3. DATE 7/26/2010	
4. FIRM NAME NBC Nightly News Washington					
5. MAILING ADDRESS 4001 Nebraska Avenue			6. CITY Washington, D.C.	7. STATE D.C.	8. ZIP CODE 20016
9. CASE NUMBER 10-1413		10. JUDGE Neil V. Wake		DATES OF PROCEEDINGS	
		11. 7/22/2010	12.		
13. CASE NAME United States v. Arizona				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"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input checked="" 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				<input type="checkbox"/> TESTIMONY (Specify	
<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)	
<input type="checkbox"/> SENTENCING				ALL	
<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 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 abigail.woodbury@nbcuni.com	
19 SIGNATURE Abigail Woodbury				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
20 DATE 7/26/2010					
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	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY