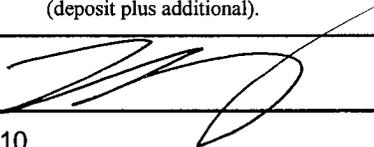


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>					
<i>Read Instructions on Back:</i>					
1. NAME Robert Henry		2. PHONE NUMBER (602) 382-6259		3. DATE 7/23/2010	
4. FIRM NAME Snell & Wilmer					
5. MAILING ADDRESS One Arizona Center			6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85004
9. CASE NUMBER 10-CV-1413-PHX-SRB		10. JUDGE Susan Bolton		DATES OF PROCEEDINGS	
		11. 7/22/2010		12.	
13. CASE NAME U.S.A. v. State of 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 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				Motion Hearing	
<input type="checkbox"/> BAIL HEARING				7/22/2010 @ 1:30 pm	
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 checked="" 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 mzachow@swlaw.com	
19. SIGNATURE 				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>	
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