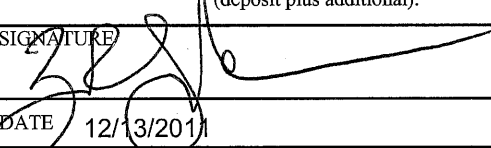


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
<b>TRANSCRIPT ORDER</b>					
<i>Read Instructions on Back:</i>					
1. NAME Ezekiel Edwards		2. PHONE NUMBER (212) 549-2610		3. DATE 12/13/2011	
4. FIRM NAME American Civil Liberties Union					
5. MAILING ADDRESS 125 Broad Street, 18th Floor			6. CITY New York	7. STATE NY	8. ZIP CODE 10004
9. CASE NUMBER 2:11-CV-01072		10. JUDGE Susan R. Bolton		DATES OF PROCEEDINGS	
				11. 12/12/2011	12.
13. CASE NAME					
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)	
<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 checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> JURY INSTRUCTIONS				Please send transcript of	
<input type="checkbox"/> SENTENCING				December 12, 2011	
<input type="checkbox"/> BAIL HEARING				entire hearing on Defs'.	
				motion to dismiss	
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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
				ESTIMATED COSTS	
				182.00	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS eedwards@aclu.org	
19. SIGNATURE 				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>	
20. DATE 12/13/2011					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL 182.00	
		DATE	BY	PROCESSED BY PHONE NUMBER	
ORDER RECEIVED					
DEPOSIT PAID					
TRANSCRIPT ORDERED				182.00	
TRANSCRIPT RECEIVED				182.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					
PARTY RECEIVED TRANSCRIPT				182.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY