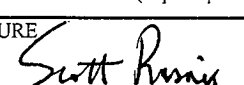


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER						
Read Instructions on Back:						
1. NAME Scott Risner		2. PHONE NUMBER (202) 514-2395		3. DATE 1/3/2012		
4. FIRM NAME U.S. Department of Justice						
5. MAILING ADDRESS 20 Massachusetts Ave., NW			6. CITY Washington		7. STATE DC	8. ZIP CODE 20530
9. CASE NUMBER 2:11-cv-1072		10. JUDGE Susan R. Bolton		DATES OF PROCEEDINGS		
		11. 12/12/2011		12.		
13. CASE NAME Arizona v. United States			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 checked="" 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 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)		12/12/2011
<input type="checkbox"/> SENTENCING				Hearing on Defendants'		
<input type="checkbox"/> BAIL HEARING				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)		ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/>		
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL <input checked="" type="checkbox"/>		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>		DISK <input type="checkbox"/>		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>		PDF FORMAT <input checked="" type="checkbox"/>		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <input type="checkbox"/>		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS scott.risner@usdoj.gov		
19. SIGNATURE 				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 1/3/2012						
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