

UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA				FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT DESIGNATION AND ORDERING FORM					
1. NAME Adam I. Kaplan		2. PHONE NUMBER 415.512.4016		3. DATE July 9, 2014	
4. FIRM NAME: Munger Tolles and Olson			5. E-MAIL ADDRESS: adam.kaplan@mto.com		
6. MAILING ADDRESS 560 Mission Street, 27th Floor			7. CITY San Francisco		8. STATE CA
9. ZIP CODE 94105		10. CASE NUMBER CV 13-4460 GHK (MRWx)		11. CASE NAME Good Morning You Prod. v. Warner/Chappell Music	
12. JUDGE Judge Wilner		13. APPEAL CASE NUMBER			
14. ORDER FOR		<input type="checkbox"/> APPEAL		<input type="checkbox"/> NON-APPEAL	
<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> AUSA		<input type="checkbox"/> FPD	
<input type="checkbox"/> OTHER					
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.					
HEARING DATE	COURT REPORTER	PROCEEDINGS			
Jul 9, 2014	COURTSMART	<input type="checkbox"/> VOIR DIRE	<input type="checkbox"/> OPENING STATEMENTS	<input type="checkbox"/> SETTLEMENT INSTRUCTIONS	<input type="checkbox"/> CLOSING ARGUMENTS
		<input type="checkbox"/> PRE-TRIAL PROCEEDINGS	<input type="checkbox"/> OTHER (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR DIRE	<input type="checkbox"/> OPENING STATEMENTS	<input type="checkbox"/> SETTLEMENT INSTRUCTIONS	<input type="checkbox"/> CLOSING ARGUMENTS
		<input type="checkbox"/> PRE-TRIAL PROCEEDINGS	<input type="checkbox"/> OTHER (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR DIRE	<input type="checkbox"/> OPENING STATEMENTS	<input type="checkbox"/> SETTLEMENT INSTRUCTIONS	<input type="checkbox"/> CLOSING ARGUMENTS
		<input type="checkbox"/> PRE-TRIAL PROCEEDINGS	<input type="checkbox"/> OTHER (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR DIRE	<input type="checkbox"/> OPENING STATEMENTS	<input type="checkbox"/> SETTLEMENT INSTRUCTIONS	<input type="checkbox"/> CLOSING ARGUMENTS
		<input type="checkbox"/> PRE-TRIAL PROCEEDINGS	<input type="checkbox"/> OTHER (PLEASE SPECIFY):		
		<input type="checkbox"/> VOIR DIRE	<input type="checkbox"/> OPENING STATEMENTS	<input type="checkbox"/> SETTLEMENT INSTRUCTIONS	<input type="checkbox"/> CLOSING ARGUMENTS
		<input type="checkbox"/> PRE-TRIAL PROCEEDINGS	<input type="checkbox"/> OTHER (PLEASE SPECIFY):		
16. ORDER: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FORMAT			
ORDINARY	<input type="checkbox"/>	PAPER COPY	<input type="checkbox"/>		
14 DAYS	<input type="checkbox"/>	PDF FORMAT	<input checked="" type="checkbox"/>		
7 DAYS	<input type="checkbox"/>	ASCII FORMAT	<input type="checkbox"/>		
DAILY	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>		
HOURLY	<input type="checkbox"/>	FOR ADDITIONAL COPIES, CONTACT COURT REPORTER OR TRANSCRIPTION AGENCY			
REAL TIME	<input type="checkbox"/>				
(CERTIFICATION 17 & 18) By signing the below, I certify that I will pay all charges (deposit plus additional).		19. Transcription agency for digitally recorded proceedings:			
		20. Month: _____ Day: _____ Year: _____		Transcript payment arrangements were made with:	
17. DATE: July 9, 2014		NAME OF OFFICIAL: _____			
18. SIGNATURE: /s/ Adam I. Kaplan		Payment of estimated transcript fees were sent on the following date:			
		Month: _____ Day: _____ Year: _____			