

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>PLEASE Read Instruction Page (attached):</i>					
1. YOUR NAME Anthony R. Hakl		2. EMAIL Anthony.Hakl@doj.ca.gov		3. PHONE NUMBER 916-210-6065	
4. DATE 5/18/18		5. MAILING ADDRESS 1300 I Street		6. CITY Sacramento	
7. STATE CA		8. ZIP CODE 95814		9. CASE NUMBER 2:18-cv-00490	
10. JUDGE Kendall J. Newman		DATES OF PROCEEDINGS			
11. FROM May 18, 2018		12. TO May 18, 2018			
13. CASE NAME United States of America v. The State of California		LOCATION OF PROCEEDINGS			
14. CITY Sacramento		15. STATE California			
16. ORDER FOR					
<input type="checkbox"/> APPEAL No.		<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) <i>You must provide the name of the Reporter.</i>					
TRIAL		DATE(S)	REPORTER	HEARINGS	
<input type="checkbox"/> ENTIRE TRIAL				<input checked="" type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION				Discovery Hearing	
<input type="checkbox"/> OPENING STATEMENTS				5/18/18	
<input type="checkbox"/> CLOSING ARGUMENTS				Jennifer Coulthard	
<input type="checkbox"/> JURY INSTRUCTIONS					
18. ORDER (Grey Area for Court Reporter Use)					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
19. SIGNATURE /s/ Anthony R. Hakl				PROCESSED BY	
20. DATE May 18, 2018				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	