

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 Esra Acikalin Hudson		2. EMAIL ehudson@manatt.com		3. PHONE NUMBER 310-312-4000		4. DATE June 28, 2018
5. MAILING ADDRESS Manatt, Phelps & Phillips, LLP - 11355 W. Olympic Boulevard				6. CITY Los Angeles		7. STATE CA
9. CASE NUMBER 2:18-cv-0490-JAM-KJN		10. JUDGE John A. Mendez		DATES OF PROCEEDINGS		
				11. FROM June 20, 2018		12. TO June 20, 2018
13. CASE NAME United States of America v. 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"/> 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) <i>You must provide the name of the Reporter.</i>						
TRIAL		DATE(S)	REPORTER	HEARINGS		DATE(S)
<input type="checkbox"/> ENTIRE TRIAL				<input checked="" type="checkbox"/> OTHER (Specify Below)		
<input type="checkbox"/> JURY SELECTION				Motion to Dismiss and Motion for Preliminary Injunction		June 20, 2018
<input type="checkbox"/> OPENING STATEMENTS						
<input type="checkbox"/> CLOSING ARGUMENTS						
<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 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/ Esra Acikalin Hudson				PROCESSED BY		
20. DATE June 29, 2018				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
		DATE	BY			
ORDER RECEIVED						
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		