

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California			<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>					<b>DUE DATE:</b>	
<i>PLEASE Read Instruction Page (attached):</i>						
1. YOUR NAME T. Peter Pierce		2. EMAIL ppierce@rwglaw.com		3. PHONE NUMBER 415-421-8484		4. DATE June 28, 2018
5. MAILING ADDRESS 44 Montgomery Street, Suite 3800				6. CITY San Francisco		7. STATE CA
8. ZIP CODE 94104	9. CASE NUMBER 2:18-cv-00490 JAM KJN		10. JUDGE Mendez		DATES OF PROCEEDINGS	
			11. FROM 6/20/18		12. TO 6/20/18	
13. CASE NAME United States of America v. State of California				LOCATION OF PROCEEDINGS		
		14. CITY Sacramento		15. STATE CA		
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						
<input type="checkbox"/> OPENING STATEMENTS						
<input type="checkbox"/> CLOSING ARGUMENTS						
<input type="checkbox"/> JURY INSTRUCTIONS						
		6/20/18	Kelly O'Halloran	Motion to Dismiss and Motion for Preliminary Injunction		6/20/18
18. ORDER (Grey Area for Court Reporter Use)						
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			<b>FILED</b> Jun 28, 2018 <small>CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA</small>
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
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HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		
19. SIGNATURE 				PROCESSED BY		
20. DATE June 28, 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		