

CAED 435 (Rev. 03/15)		United States District Court, Eastern District of California			<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>						
<i>PLEASE Read Instruction Page (attached):</i>						
1. YOUR NAME Natalie Dailey c/o L. Sherman		2. EMAIL natalie.dailey@doj.ca.gov		3. PHONE NUMBER 213-269-6647		4. DATE March 22, 2018
5. MAILING ADDRESS 300 S Spring Street				6. CITY Los Angeles		7. STATE <b>CA</b> 8. ZIP CODE 90013
9. CASE NUMBER 18-cv-490		10. JUDGE Kendall J. Newman		DATES OF PROCEEDINGS		
				11. FROM March 21, 2018		12. TO March 21, 2018
13. CASE NAME U.S. v. 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)						
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 for Expedited Discovery		March 21, 2018
<input type="checkbox"/> OPENING STATEMENTS						
<input type="checkbox"/> CLOSING ARGUMENTS						
<input type="checkbox"/> JURY INSTRUCTIONS						
<input type="checkbox"/>						
<input type="checkbox"/>						
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			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input checked="" 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 				PROCESSED BY		
20. DATE March 22, 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		