

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 7/2013)	<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.	COURT USE ONLY <b>DUE DATE:</b>
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1a. CONTACT PERSON FOR THIS ORDER <b>Steven Uhrig</b>	2a. CONTACT PHONE NUMBER <b>(415) 512-5020</b>	3a. CONTACT EMAIL ADDRESS <b>steven.uhrig@mto.com</b>
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1b. ATTORNEY NAME (if different) <b>Rohit K. Singla</b>	2b. ATTORNEY PHONE NUMBER <b>(415) 512-4032</b>	3b. ATTORNEY EMAIL ADDRESS <b>rohit.singla@mto.com</b>
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4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>Munger, Tolles &amp; Olson LLP, 560 Mission St., 27th Floor, San Francisco, CA 94105</b>	5. CASE NAME <b>O'Bannon, et al. v. NCAA, et al.</b>	6. CASE NUMBER <b>09-CV-3329 CW</b>
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7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR	8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input checked="" type="checkbox"/> CJA: Do not use this form; use Form CJA24
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9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:

a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)					
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
06/09/2014	CW	Trial		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
06/09/2014	CW	Trial		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
06/09/2014	CW	Trial		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:

ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE <b>/s/ Rohit K. Singla</b>	12. DATE <b>05/29/2014</b>
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