

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 7/2013)		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read Instructions on next page.					COURT USE ONLY DUE DATE:							
1a. CONTACT PERSON FOR THIS ORDER Ellison Wada			2a. CONTACT PHONE NUMBER (415) 676-2288			3a. CONTACT EMAIL ADDRESS ewada@kvn.com								
1b. ATTORNEY NAME (if different) Matan Shacham			2b. ATTORNEY PHONE NUMBER (415) 773-6612			3b. ATTORNEY EMAIL ADDRESS mshacham@kvn.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Keker & Van Nest LLP, 633 Battery St. San Francisco, CA 94111					5. CASE NAME O'Bannon, Jr. v. NCAA et al			6. CASE NUMBER 09-cv-3329-cw						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Diane E. Skillman					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									
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 (if requesting less than full hearing, specify portion (e.g. witness or time))	PDF (email)	TEXT/ASCH (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
05/28/2014	cw	pretrial		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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).										12. DATE				
11. SIGNATURE /s/ Matan Shacham										05/30/2014				
DISTRIBUTION: <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY														