

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)	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 William I. Chamberlain	2a. CONTACT PHONE NUMBER (202) 331-2255	3. CONTACT EMAIL ADDRESS will.chamberlain@cei.org																																																																																										
1b. ATTORNEY NAME (if different)	2b. ATTORNEY PHONE NUMBER		3. ATTORNEY EMAIL ADDRESS																																																																																									
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Competitive Enterprise Institute 1310 L St NW, 7th Floor, Washington DC 20005		5. CASE NAME Campbell et al. v. Facebook Inc.	6. CASE NUMBER 4:13-cv-05996																																																																																									
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Sarah Goekler		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 CJA: <u>Do not use this form: use Form CJA24.</u>																																																																																										
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)																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DATE</th> <th style="width:10%;">JUDGE (initials)</th> <th style="width:10%;">TYPE (e-g. CMC)</th> <th style="width:15%;">PORTION (if requesting less than full hearing, specify portion (e.g. witness or time)</th> <th style="width:10%;">PDF (email)</th> <th style="width:10%;">TEXT/ASCII (email)</th> <th style="width:10%;">PAPER</th> <th style="width:10%;">CONDENSED (email)</th> <th style="width:10%;">ECF ACCESS (web)</th> <th style="width:10%;">ORDINARY (30-day)</th> <th style="width:10%;">14-Day</th> <th style="width:10%;">EXPEDITED (7-day)</th> <th style="width:10%;">DAILY (Next-day)</th> <th style="width:10%;">HOURLY (2 hrs)</th> <th style="width:10%;">REALTIME</th> </tr> </thead> <tbody> <tr> <td>08/09/2017</td> <td>PJH</td> <td>Motion</td> <td></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>	DATE	JUDGE (initials)	TYPE (e-g. 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ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:	
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ORDER & CERTIFICATION (1.1. & 1.2.) By signing below, I certify that I will pay all charges (deposit plus additional).																																																																																												
11. SIGNATURE /s/ William I. Chamberlain		12. DATE 08/21/2017																																																																																										
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