

## ELEVENTH CIRCUIT TRANSCRIPT INFORMATION FORM

### **PART I. TRANSCRIPT ORDER INFORMATION**

*Appellant to complete and file with the District Court Clerk within 10 days of the filing of the notice of appeal in all cases, including those in which there was no hearing or for which no transcript is ordered.*

Short Case Style: State of Florida, et al. vs United States Department of Health and Human Services, et al.

District Court No.: 3:10-cv-00091-RV Date Notice of Appeal Filed: 3-10-2011 Court of Appeals No.: 11-11067-HH  
(If Available)

CHOOSE ONE:  No hearing  No transcript is required for appeal purposes  All necessary transcript(s) on file  
 I AM ORDERING A TRANSCRIPT OF THE FOLLOWING PROCEEDINGS:

*Check appropriate box(es) and provide all information requested:*

| HEARING DATE(S)                                      | JUDGE/MAGISTRATE | COURT REPORTER NAME(S) |
|--|------------------|------------------------|
| <input type="checkbox"/> Pre-Trial Proceedings _____ |                  |                        |
| <input type="checkbox"/> Trial _____                 |                  |                        |
| <input type="checkbox"/> Sentence _____              |                  |                        |
| <input type="checkbox"/> Other _____                 |                  |                        |

### **METHOD OF PAYMENT:**

- I CERTIFY THAT I HAVE CONTACTED THE COURT REPORTER(S) AND HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE COURT REPORTER(S) FOR PAYING THE COST OF THE TRANSCRIPT.
- CRIMINAL JUSTICE ACT. Attached for submission to District Judge/Magistrate is my completed CJA Form 24 requesting authorization for government payment of transcript. [A transcript of the following proceedings will be provided ONLY IF SPECIFICALLY AUTHORIZED in Item 13 on CJA Form 24: Voir Dire; Opening and Closing Statements of Prosecution and Defense; Prosecution Rebuttal; Jury Instructions.]

Ordering Counsel/Party: Blaine H. Winship

Name of Firm: Office of the Attorney General of Florida

Street Address/P.O. Box: PL-01, The Capitol

City/State/Zip Code: Tallahassee, FL. 32399-1050 Phone No. : (850) 414-3300

*I certify that I have completed and filed PART I with the District Court Clerk, sent a copy to the appropriate Court Reporter(s) if ordering a transcript, mailed a filed copy to the Court of Appeals Clerk, and served all parties.*

DATE: 3-15-2011 SIGNED: /s/ Blaine H. Winship Attorney for: Plaintiff States

### **PART II. COURT REPORTER ACKNOWLEDGMENT**

*Court Reporter to complete and file with the District Court Clerk within 10 days of receipt. The Court Reporter shall send a copy to the Court of Appeals Clerk and to all parties.*

Date Transcript Order received: \_\_\_\_\_

Satisfactory arrangements for paying the cost of the transcript were completed on: \_\_\_\_\_

Satisfactory arrangements for paying the cost of the transcript have not been made.

No. of hearing days: \_\_\_\_\_ Estimated no. of transcript pages: \_\_\_\_\_ Estimated filing date: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ Phone No. : \_\_\_\_\_

NOTE: The transcript is due to be filed within 30 days of the date satisfactory arrangements for paying the cost of the transcript were completed unless the Court Reporter obtains an extension of time to file the transcript.

### **PART III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN DISTRICT COURT**

*Court Reporter to complete and file with the District Court Clerk on date of filing transcript in District Court. The Court Reporter shall send a copy to the Court of Appeals Clerk on the same date.*

This is to certify that the transcript has been completed and filed with the district court on (date): \_\_\_\_\_

Actual No. of Volumes and Hearing Dates: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Court Reporter: \_\_\_\_\_