

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:	
Please Read Instructions above				<b>TRANSCRIPT ORDER</b>		
1. NAME Michael T. Pfau/ Michelle A. Menely		2. PHONE NUMBER (206) 676-7500		3. DATE 1/3/2007		
4. MAILING ADDRESS 600 UNIVERSITY STREET, SUITE 2100		5. CITY SEATTLE		6. STATE WA		7. ZIP CODE 98101
8. CASE NUMBER CV-04-02338-RSM		9. JUDGE RICARDO MARTINEZ		DATES OF PROCEEDINGS		
				10. FROM 10/2/2006		11. 10/12/2006
12. CASE NAME R.K. v. Corp. of the President of the Church of Jesus Christ		LOCATION OF PROCEEDINGS				
		13. SEATTLE, WA		14.		
15. ORDER FOR						
<input checked="" type="checkbox"/> APPEAL		<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
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT						
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		10/10/2006		<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		10/10/2006				
<input type="checkbox"/> OPINION OF COURT						
<input checked="" type="checkbox"/> JURY INSTRUCTIONS		10/02/2006		<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				jury exceptions		10/10/2006
<input type="checkbox"/> BAIL HEARING				jury verdict		10/12/2006
17. ORDER						
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input 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			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE <i>Michelle Menely</i>			PROCESSED BY			
19. DATE 1-3-07			PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS			
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00	

(Previous editions of this form may still be used)

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