| AO 435
(Rev. 04/18)

Please Read Instructions: | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

TRANSCRIPT ORDER | FOR COURT USE ONLY

DUE DATE: |

1. NAME	2. PHONE NUMBER	3. DATE

4. DELIVERY ADDRESS OR EMAIL	5. CITY	6. STATE	7. ZIP CODE

8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS	
		10. FROM	11. TO

12. CASE NAME	LOCATION OF PROCEEDINGS	
	13. CITY	14. STATE

15. ORDER FOR

- ☐ APPEAL
- ☐ NON-APPEAL
- ☐ CRIMINAL
- ☐ CIVIL
- ☐ CRIMINAL JUSTICE ACT
- ☐ IN FORMA PAUPERIS
- ☐ BANKRUPTCY
- ☐ OTHER *(Specify)*

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☐ OTHER (Specify)	
☐ SENTENCING			
☐ BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	☐	☐	NO. OF COPIES		
14-Day	☐	☐	NO. OF COPIES		
EXPEDITED	☐	☐	NO. OF COPIES		
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HOURLY	☐	☐	NO. OF COPIES		
REALTIME	☐	☐			

CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).	ESTIMATE TOTAL	$ 0.00

18. SIGNATURE	PROCESSED BY

19. DATE	PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS

	DATE	BY	
ORDER RECEIVED			
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

DISTRIBUTION: COURT COPY   TRANSCRIPTION COPY   ORDER RECEIPT   ORDER COPY