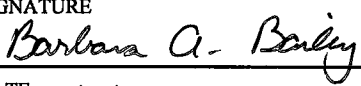


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts			<b>FOR COURT USE ONLY</b> DUE DATE:		
Read Instructions on Back:		<b>TRANSCRIPT ORDER</b>					
1. NAME <b>Barbara Bailey</b>		2. PHONE NUMBER <b>(602) 542-8305</b>		3. DATE <b>7/11/2008</b>			
4. FIRM NAME <b>Office of the Arizona Attorney General</b>							
5. MAILING ADDRESS <b>1275 W. Washington</b>			6. CITY <b>Phoenix</b>	7. STATE <b>AZ</b>	8. ZIP CODE <b>85007</b>		
9. CASE NUMBER <b>2:06-cv-1268</b>		10. JUDGE <b>Silver, Roslyn O.</b>		DATES OF PROCEEDINGS			
		11. <b>7/10/2008</b>		12.			
13. CASE NAME <b>Gonzalez, et al. v. State, et al.</b>			LOCATION OF PROCEEDINGS				
		14. <b>Arizona</b>		15. STATE			
16. ORDER FOR <input 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 (Specify)							
17. 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 checked="" type="checkbox"/> TESTIMONY (Specify)		<b>July 9, 2008</b>	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				<b>All testimony</b>		<b>July 10, 2008</b>	
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input type="checkbox"/> ASCII FORMAT <input type="checkbox"/>			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>					
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>					
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS <b>Barbara.Bailey@azag.gov</b>			
19. SIGNATURE 				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>			
20. DATE <b>7/11/2008</b>							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		<b>0.00</b>	
ORDER RECEIVED		DATE	BY	PROCESSED BY		PHONE NUMBER	
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		<b>0.00</b>	
TRANSCRIPT RECEIVED				LESS DEPOSIT		<b>0.00</b>	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		<b>0.00</b>	

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