

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME Karen J. Hartman-Tellez		2. PHONE NUMBER (602) 257-5255		3. DATE 7/17/2008	
4. FIRM NAME Step toe & Johnson LLP					
5. MAILING ADDRESS Collier Center, 201 E. Washington Street, 16th Floor			6. CITY Phoenix		7. STATE AZ
9. CASE NUMBER 2:06-cv-01268			10. JUDGE Silver		8. ZIP CODE 85004
13. CASE NAME Gonzalez, et al. v. Arizona, et al.			11. 7/17/2008		
			12.		
			14. Phoenix		
			15. STATE Arizona		
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<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	7/17/2008
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		all testimony	
<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 checked="" type="checkbox"/> OTHER (Specify)	7/17/2008
<input type="checkbox"/> SENTENCING		all argument	
<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"/>			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/>	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL <input checked="" type="checkbox"/>	
DAILY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		DISK <input type="checkbox"/>	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>		PDF FORMAT <input checked="" type="checkbox"/>	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <input checked="" type="checkbox"/>	

CERTIFICATION (19. & 20.)
By signing below, I certify that I will pay all charges
(deposit plus additional).

E-MAIL ADDRESS
khartman@step toe.com

19. SIGNATURE
s/ Karen J. Hartman-Tellez

NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.

20. DATE **7/17/2008**

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	0.00
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
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