

TRANSCRIPT ORDER

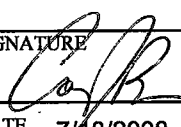
Read Instructions on Back:

1. NAME Carrie J. Brennan		2. PHONE NUMBER (602) 542-7826		3. DATE 7/18/2008	
4. FIRM NAME Attorney General's Office					
5. MAILING ADDRESS 1275 West Washington			6. CITY Phoenix		7. STATE Arizona
8. ZIP CODE 85007					
9. CASE NUMBER 2:06-cv-01268		10. JUDGE Roslyn O. Silver		DATES OF PROCEEDINGS	
				11. 7/17/2008	12. 7/18/2008
13. CASE NAME Gonzalez, et al. v. State, et al.					
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"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	

PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE			<input checked="" type="checkbox"/> TESTIMONY (Specify)	7/17/2008-7/18/2008
<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)	07/17/2008-7/18/2008
<input type="checkbox"/> SENTENCING			All argument	
<input type="checkbox"/> BAIL HEARING				

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 checked="" 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 type="checkbox"/>	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <input type="checkbox"/>	

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

19. SIGNATURE 

20. DATE 7/18/2008

E-MAIL ADDRESS

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

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