

SAO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
Read Instructions on Back:		<b>TRANSCRIPT ORDER</b>			
1. NAME <b>Colleen Connor</b>		2. PHONE NUMBER <b>(602) 506-0128</b>		3. DATE <b>7/18/2008</b>	
4. FIRM NAME <b>Maricopa County Attorney's Office</b>					
5. MAILING ADDRESS <b>222 North Central Avenue, Suite 1100</b>			6. CITY <b>Phoenix</b>		7. STATE <b>AZ</b>
8. ZIP CODE <b>85004</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"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
<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)		PORTIONS	
DATE(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				<b>All testimony</b>	
<input type="checkbox"/> OPENING STATEMENT (Defendant)				<b>July 15, 2008</b>	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				<b>July 16, 2008</b>	
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>all argument</b>	
<input type="checkbox"/> BAIL HEARING				<b>July 15, 2008</b>	
				<b>July 16, 2008</b>	
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"/>	<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"/>	<input type="checkbox"/>		
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
REALTIME	<input type="checkbox"/>	<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>Connorc@mcao.maricopa.gov</b>	
19. SIGNATURE				<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>	
20. DATE <b>7/18/2008</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>	

**DISTRIBUTION:**      COURT COPY      TRANSCRIPTION COPY      ORDER RECEIPT      ORDER COPY