

AO 435 - AZ Form (Rev. 10/05) <i>Read Instructions on Back:</i>		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME		2. PHONE NUMBER		3. DATE	
4. FIRM NAME					
5. MAILING ADDRESS			6. CITY		7. STATE
8. ZIP CODE					
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS	
				11.	12.
13. CASE NAME			LOCATION OF PROCEEDINGS		
			14.	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 type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER (<i>Specify</i>)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
DATE(S)		DATE(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<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"/>		<input type="checkbox"/> PAPER COPY	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> E-MAIL	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> DISK	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PDF FORMAT	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII FORMAT	
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	
19. SIGNATURE				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
TRANSCRIPT ORDERED				DEPOSIT PAID	
TRANSCRIPT RECEIVED				TOTAL CHARGES	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED	
				TOTAL DUE	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY