

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME Joshua Wilkenfeld	2. PHONE NUMBER (202) 305-7920	3. DATE 7/26/2010
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4. FIRM NAME
United States Department of Justice, Civil Division, Federal Programs Branch

5. MAILING ADDRESS 20 Massachusetts Avenue NW	6. CITY Washington	7. STATE DC	8. ZIP CODE 20009
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9. CASE NUMBER 2:10-cv-1413-PHX-SRB	10. JUDGE Hon. Susan R. Bolton	DATES OF PROCEEDINGS	
		11. 7/22/2010	12.

13. CASE NAME United States v. State of Arizona, et al.	LOCATION OF PROCEEDINGS		
14. Phoenix		15. STATE AZ	

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 type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		Oral Argument	7/22/2010
<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			

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 type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input checked="" 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 type="checkbox"/>			
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
joshua.i.wilkenfeld@usdoj.gov

19. SIGNATURE
s/Joshua Wilkenfeld

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

20. DATE 7/26/2010

TRANSCRIPT TO BE PREPARED BY	ESTIMATE TOTAL	0.00
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ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
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DEPOSIT PAID	DEPOSIT PAID
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TRANSCRIPT ORDERED	TOTAL CHARGES	0.00
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TRANSCRIPT RECEIVED	LESS DEPOSIT	0.00
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ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT	TOTAL REFUNDED
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PARTY RECEIVED TRANSCRIPT	TOTAL DUE	0.00
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