AZ Form (Rev. 1/2015) TRANSCRIPT ORDER					DUE DATE:	
1. NAME				2. PHONE NUMBER	3. DATE	
4. FIRM NAME					<u> </u>	
5. MAILING ADDRESS				6. CITY	7. STATE	8. ZIP CODE
9. CASE NUMBER 10. JU		UDGE		DATES OF	PROCEEDINGS	
				11.	12.	
13. CASE NAME					OF PROCEEDINGS	
16. ORDER FOR				14.	15. STATE	
APPEAL CRIMINAL			CRIMINAL JUSTICE ACT	BANKRUPTCY		
NON-APPEAL CIVI		CIVIL		IN FORMA PAUPERIS	OTHER (Specify)	
17. TRANSCRIPT	REQUESTED (Specify por	tion(s) and date	e(s) of proceeding(s) fo	or which transcript is requested.)		
PC	ORTIONS	DATE(S)		PORTION(S)	DATE(S)	
VOIR DIRE				TESTIMONY (Specify)		
OPENING ST	ATEMENT (Plaintiff)					
OPENING STATEMENT (Defendant)						
CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING		
CLOSING AF	RGUMENT (Defendant)					
OPINION OF	COURT					
JURY INSTRUCTIONS				OTHER (Specify)		
SENTENCIN	G					
BAIL HEARI	NG					
18. ORDER	ORIGINAL + 1	l	# OF			
CATEGORY	(original to Court, copy to ordering party)	FIRST COPY	ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMA	TED COSTS
30 DAYS				PAPER COPY		
14 DAYS				PDF (e-mail)		
7 DAYS						
DAILY				ASCII (e-mail)		
HOURLY						
REALTIME						
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 M THERE WILL BE AN AD		
20. DATE						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUI	MBER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

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