

**TRANSCRIPT ORDER**

**DUE DATE:**

Read Instructions on Back:

1. NAME <b>James R. Knapp</b>		2. PHONE NUMBER <b>(602) 514-7500</b>		3. DATE <b>9/28/2010</b>	
4. FIRM NAME <b>U.S.A.O., District of AZ</b>					
5. MAILING ADDRESS <b>40 N. Central Avenue, #1200</b>			6. CITY <b>Phoenix</b>		7. STATE <b>AZ</b>
			8. ZIP CODE <b>85004</b>		
9. CASE NUMBER <b>CR10-00400</b>		10. JUDGE <b>Murguia</b>		DATES OF PROCEEDINGS	
				11. <b>9/23/2010</b>	12.
13. CASE NAME <b>US v Taylor</b>			LOCATION OF PROCEEDINGS		
			14. <b>Phoenix</b>		15. STATE <b>AZ</b>
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" 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 (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 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)	
<input type="checkbox"/> SENTENCING		<b>Show Cause Hrg</b>	<b>9/23/2010</b>
<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"/>		PAPER COPY <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input 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 checked="" 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

**James.Knapp2@usdoj.gov**

19. SIGNATURE

**s/James R. Knapp**

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

20. DATE **9/28/2010**

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	<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>