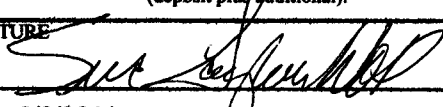


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FEB 14 2011
 CLERK U.S. DISTRICT COURT
 DISTRICT OF ARIZONA
 M. DEPUTY

AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE: FEB 14 2011	
TRANSCRIPT ORDER					
Read Instructions on Back:					
1. NAME Pastor Ron McBride For Sue Taylor		2. PHONE NUMBER (480) 980-7960		3. DATE 2/10/2011	
4. FIRM NAME Pro Per					
5. MAILING ADDRESS P.O. Box 982			6. CITY Florence	7. STATE Az	8. ZIP CODE 85132
9. CASE NUMBER 2:10-cr-00400-PHX-DGC		10. JUDGE David G. Campbell		DATES OF PROCEEDINGS	
				11. 2/9/2011	12.
13. CASE NAME Janice Sue Taylor				LOCATION OF PROCEEDINGS	
		14. Rm 603 PHX	15. STATE AZ		
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL JUSTICE ACT <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)		PORTION(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)	02/09/2011 3:30 p.m.
<input type="checkbox"/> SENTENCING				Status Hearing	
<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)	
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 checked="" 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"/>			
				ESTIMATED COSTS	
				2504.85 =	
				121.25	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS justamac@gmail.com	
19. SIGNATURE 				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 2/9/2011					
TRANSCRIPT TO BE PREPARED BY Crt Rptr/ECR Patricia Lyons				ESTIMATE TOTAL	
				0.00	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				PHONE NUMBER	
TRANSCRIPT ORDERED				121.25	
TRANSCRIPT RECEIVED				TOTAL CHARGES	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				0.00	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED	
				0.00	
				TOTAL DUE	
				0.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY