

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME Joy Bertrand		2. PHONE NUMBER 4146874932		3. DATE 7/24/12	
4. FIRM NAME Joy Bertrand, Esq., LLC					
5. MAILING ADDRESS PO Box 2734			6. CITY Scottsdale		7. STATE AZ
9. CASE NUMBER 10CR757			10. JUDGE Silver		8. ZIP CODE 85252
DATES OF PROCEEDINGS					
			11. 6/21/12		12.
LOCATION OF PROCEEDINGS					
13. CASE NAME US v. Parker (original transcript already prepared)			14. Phoenix		15. STATE AZ
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"/> 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)	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 checked="" type="checkbox"/> OPINION OF COURT	6/21/12 Rule 29 Hearing		
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Government argument	6/21/12
<input type="checkbox"/> BAIL HEARING		and response re: R. 29	

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 checked="" type="checkbox"/> E-MAIL <input 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"/>	1		
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
joyous@mailbag.com

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

19. SIGNATURE

s/Joy Bertrand

20. DATE 7/24/12

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	0
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0
TRANSCRIPT RECEIVED			LESS DEPOSIT	0
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0