

**TRANSCRIPT ORDER**

1. NAME <b>Gary M. Restaino</b>		2. PHONE NUMBER <b>602-514-7500</b>		3. DATE <b>1/8/2018</b>	
4. FIRM NAME <b>US Attorney's Office   District of Arizona</b>					
5. MAILING ADDRESS <b>40 N. Central Ave., Suite 1800</b>			6. CITY <b>Phoenix</b>		7. STATE <b>AZ</b>
8. ZIP CODE <b>85004</b>					
9. CASE NUMBER <b>CR-17-00585-PHX-GMS</b>		10. JUDGE <b>G. Murray Snow</b>		DATES OF PROCEEDINGS	
				11. <b>1/4/2018</b>	
				12.	
13. CASE NAME <b>U.S. v Thomas Mario Constanzo</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"/> 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>Motion Hearing</b>	<b>1/4/2018</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"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	<b>\$40.00</b>
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input checked="" 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  
**Gary.Restaino@usdoj.gov; Cristina.Abramo@usdoj.gov**

19. SIGNATURE  
**s/ Gary Restaino**

**NOTE: IF ORDERING MORE THAN ONE FORMAT,  
THERE WILL BE AN ADDITIONAL CHARGE.**

20. DATE **1/8/2018**

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
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	