

AO 435 AZ Form (Rev. 1/2015)		Administrative Office of the United States Courts  <b>TRANSCRIPT ORDER</b>			<b>FOR COURT USE ONLY</b> DUE DATE:	
1. NAME Terry I. Major		2. PHONE NUMBER 623-451-5588		3. DATE 03/19/2018		
4. FIRM NAME						
5. MAILING ADDRESS PO Box 1115			6. CITY Glendale	7. STATE AZ	8. ZIP CODE 85311	
9. CASE NUMBER 2:17-CR-00585-GMS		10. JUDGE Hon G. Murray Snow		DATES OF PROCEEDINGS		
		11. 03/13/2018	12.			
13. CASE NAME			LOCATION OF PROCEEDINGS		15. STATE	
14.						
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)		
DATE(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 checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				Final Pretrial Conference		
<input type="checkbox"/> OPINION OF COURT				03/13/2018		
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING						
<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 checked="" type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS	<input 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"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS tmajor@greytechs.com		
19. SIGNATURE s/Terry I. Major				<b>NOTE: IF ORDERING MORE THAN ONE FORMAT,                  THERE WILL BE AN ADDITIONAL CHARGE.</b>		
20. DATE 03/19/2018						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY		
DEPOSIT PAID				PHONE NUMBER		
TRANSCRIPT ORDERED				DEPOSIT PAID		
TRANSCRIPT RECEIVED				TOTAL CHARGES		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT		
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED		
				TOTAL DUE		

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