

AO 435 AZ Form (Rev. 01/2015)		Administrative Office of the United States Courts			<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>						
1. NAME			2. PHONE NUMBER		3. DATE	
4. FIRM NAME						
5. MAILING ADDRESS				6. CITY		7. STATE
8. ZIP CODE						
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS		
				11.		12.
13. CASE NAME				LOCATION OF PROCEEDINGS		
				14.		15. STATE
16. ORDER FOR						
APPEAL		CRIMINAL		CRIMINAL JUSTICE ACT		BANKRUPTCY
NON-APPEAL		CIVIL		IN FORMA PAUPERIS		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)
VOIR DIRE				TESTIMONY (Specify)		
OPENING STATEMENT (Plaintiff)						
OPENING STATEMENT (Defendant)						
CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING		
CLOSING ARGUMENT (Defendant)						
OPINION OF COURT						
JURY INSTRUCTIONS				OTHER (Specify)		
SENTENCING						
BAIL HEARING						
18. ORDER						
<b>CATEGORY</b>	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	<b># OF ADDITIONAL COPIES</b>	<b>DELIVERY INSTRUCTIONS</b> (Check all that apply.)		ESTIMATED COSTS
30 DAYS				PAPER COPY  PDF (e-mail)  ASCII (e-mail)		
14 DAYS						
7 DAYS						
DAILY						
HOURLY						
REALTIME						
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS		
19. SIGNATURE				<b>NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.</b>		
20. DATE						
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		

**DISTRIBUTION:**      COURT COPY      TRANSCRIPTION COPY      ORDER RECEIPT      ORDER COPY