

**TRANSCRIPT ORDER**

**DUE DATE:**

Read Instructions on Back:

1. NAME Karen Hartman-Tellez	2. PHONE NUMBER (602) 257-5255	3. DATE 7/15/2008
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4. FIRM NAME Step toe & Johnson LLP
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5. MAILING ADDRESS Collier Center, 201 E. Washington Street, 16th Floor	6. CITY Phoenix	7. STATE AZ	8. ZIP CODE 85004
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9. CASE NUMBER 2:06-cv-01268	10. JUDGE Silver	DATES OF PROCEEDINGS	
		11. 7/15/2008	12.

13. CASE NAME Gonzalez, et al. v. Arizona, et al.	LOCATION OF PROCEEDINGS	
14. Phoenix	15. STATE AZ	

16. ORDER FOR			
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<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 checked="" type="checkbox"/> TESTIMONY (Specify	7/15/2008
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		all testimony	
<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)	7/15/2008
<input type="checkbox"/> SENTENCING		all argument	
<input type="checkbox"/> BAIL HEARING			

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"/>			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/>	
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL <input checked="" type="checkbox"/>	
DAILY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		DISK <input type="checkbox"/>	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>		PDF FORMAT <input checked="" type="checkbox"/>	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		ASCII FORMAT <input checked="" type="checkbox"/>	

CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).	E-MAIL ADDRESS khartman@step toe.com
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19. SIGNATURE s/ Karen J. Hartman-Tellez	<b>NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.</b>
20. DATE 7/15/2008	

TRANSCRIPT TO BE PREPARED BY	ESTIMATE TOTAL	0.00
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	DATE	BY	PROCESSED BY	PHONE NUMBER
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00