

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME		2. PHONE NUMBER		3. DATE		
4. MAILING ADDRESS			5. CITY		6. STATE	
8. CASE NUMBER			9. JUDGE		DATES OF PROCEEDINGS	
			10. FROM		11. TO	
12. CASE NAME			LOCATION OF PROCEEDINGS			
			13. CITY		14. STATE	
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input 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"/> IN FORMA PAUPERIS		
				<input type="checkbox"/> OTHER (Specify)		

16. 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 Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL
\$ **0.00**

18. SIGNATURE	PROCESSED BY Denise Morrow
19. DATE	PHONE NUMBER 918-549-7242

TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS U.S. Bankruptcy Court Eastern District of Oklahoma P.O. Box 1347 Okmulgee, OK 74447
ORDER RECEIVED	DATE BY

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