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| AO 435 AZ Form (Rev. 1/2015) | | Administrative Office of the United States Courts TRANSCRIPT ORDER | | | FOR COURT USE ONLY DUE DATE: | |
| 1. NAME Marni Shapiro | | 2. PHONE NUMBER 202-973-4382 | | 3. DATE 9-10-2015 | | |
| 4. FIRM NAME Davis Wright Tremaine LLP | | | | | | |
| 5. MAILING ADDRESS 1919 Pennsylvania Ave., N.W.-Suite 800 | | 6. CITY Washington | | 7. STATE DC | 8. ZIP CODE 20006 | |
| 9. CASE NUMBER CV-07-2513-PHX-GMS | | 10. JUDGE G. Murray Snow | | DATES OF PROCEEDINGS | | |
| | | | | 11. 8-28-2015 | 12. | |
| 13. CASE NAME Melendres and USA v. Arpaio | | LOCATION OF PROCEEDINGS | | | | |
| | | 14. Phoenix | | 15. STATE Arizona | | |
| 16. ORDER FOR | | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | | |
| <input type="checkbox"/> NON-APPEAL | | <input checked="" 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) | | 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 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 | | | | Status Conference | | |
| <input type="checkbox"/> BAIL HEARING | | | | 8-28-2015 | | |
| 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 | |
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| 7 DAYS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> ASCII (e-mail) | | |
| 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 marnishapiro@dwt.com | | |
| 19. SIGNATURE /s/ Marni Shapiro | | | | NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE. | | |
| 20. DATE 9-10-2015 | | | | | | |
| TRANSCRIPT TO BE PREPARED BY | | | | ESTIMATE TOTAL | | |
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