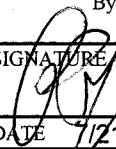


AO 435 (Rev. 10/05)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE RECEIVED		LOGGED COP'	
TRANSCRIPT ORDER							
Read Instructions on Back:							
1. NAME Philip A. Seplow		2. PHONE NUMBER (602) 254-8817		3. DATE 7/21/2010 JUL 30 2010			
4. FIRM NAME							
5. MAILING ADDRESS 2000 North 7th Street				6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85006
9. CASE NUMBER CR 08-814-PHX-DGC		10. JUDGE Hon. David G. Campbell		DATES OF PROCEEDINGS			
				11. 5/28/2010		12.	
13. CASE NAME USA v. Daniel David Rigmaiden				LOCATION OF PROCEEDINGS			
		14. Phoenix		15. STATE AZ			
16. ORDER FOR							
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input checked="" type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input checked="" type="checkbox"/> NON-APPEAL		<input 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 type="checkbox"/> TESTIMONY (Specify Witness)			
<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)				Status Hearing		May 28, 2010	
<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							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	ADDITIONAL COPIES	DELIVERY INSTRUCTIONS		ESTIMATED COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	PAPER COPY <input type="checkbox"/>			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	ELECTRONIC COPY:			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	DISK <input type="checkbox"/>			
				E-MAIL <input checked="" type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	E-MAIL ADDRESS screenwriter2@earthlink.net			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
19. SIGNATURE 				PROCESSED BY		PHONE NUMBER	
20. DATE 7/21/2010				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.			
TRANSCRIPT TO BE PREPARED BY							
ORDER RECEIVED		DATE	BY	DEPOSIT PAID			
DEPOSIT PAID				TOTAL CHARGES		0.00	
TRANSCRIPT ORDERED				LESS DEPOSIT		0.00	
TRANSCRIPT RECEIVED				TOTAL REFUNDED			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL DUE		0.00	
PARTY RECEIVED TRANSCRIPT							

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (5-99)

1. CIR./DIST./ DIV. CODE AZX	2. PERSON REPRESENTED Daniel David Rigmaiden	VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR 08-814-001-PHX-DGC	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) USA v. RIGMAIDEN	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:371; 18:2; 18:1343; 18:1028(A)(a)(1); 18:1341; 18:1030(a)(4) and (C)(3)(A) and 2 (74 counts total)						
REQUEST AND AUTHORIZATION FOR TRANSCRIPT						
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Trial Preparation						
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> Status Hearing						
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS	
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)						
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.						
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  _____ Signature of Attorney Phillo A. Seplow Printed Name Telephone Number: (602) 254-8817 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date			
CLAIM FOR SERVICES						
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE			Telephone Number: _____			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy						
Expenses (Itemize)						
TOTAL AMOUNT CLAIMED :						
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____						
ATTORNEY CERTIFICATION						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk _____ Date _____						
APPROVED FOR PAYMENT - COURT USE ONLY						
23. APPROVED FOR PAYMENT					24. AMOUNT APPROVED	
_____ Signature of Judicial Officer or Clerk of Court _____ Date _____						