

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER					DUE DATE:	
<i>Please Read Instructions:</i>						
1. NAME ROBERT HAGGARD		2. PHONE NUMBER 505 [REDACTED]		3. DATE 9/11/2014		
4. MAILING ADDRESS [REDACTED]		5. CITY POINT OF ROCKS		6. STATE MD	7. ZIP CODE 21777	
8. CASE NUMBER 1:14-CV-00119		9. DOCKET NO. ANDREW S HANEN		DATES OF PROCEEDINGS		
				10. FROM 8/27/2014	11. TO 8/27/2014	
12. CASE NAME TAITZ v JOHNSON, et al.		LOCATION OF PROCEEDINGS				
		13. CITY BROWNSVILLE		14. STATE TX		
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						SEP 17 2014
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		David J. Bradley, Clerk of Court
<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 (Specy)		HEARING HELD 8/27/2014
<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 1	[REDACTED]	[REDACTED]	
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	[REDACTED]	
18. SIGNATURE /S/ROBERT I HAGGARD			PROCESSED BY			
19. DATE 9/11/2014			PHONE NUMBER 956 982-9668			
TRANSCRIPT TO BE PREPARED BY Barbara Barnard			COURT ADDRESS Barbara Barnard U.S. District Court 600 E. Harrison Brownsville, TX 78520			
ORDER RECEIVED	DATE 9-17-14	BY				
DEPOSIT PAID			DEPOSIT PAID	[REDACTED]		
TRANSCRIPT ORDERED			TOTAL CHARGES	[REDACTED]		
TRANSCRIPT RECEIVED			LESS DEPOSIT	[REDACTED]		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT	DATE 9-17-14		TOTAL DUE	[REDACTED]		

United States District Court
Southern District of Texas
FILED