

UNITED STATES DISTRICT COURT ORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)	<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.	COURT USE ONLY <b>DUE DATE:</b>
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CONTACT PERSON FOR THIS ORDER tong@kramerlevin.com	2a. CONTACT PHONE NUMBER (650) 752-1720	3. CONTACT EMAIL ADDRESS gtong@kramerlevin.com
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ATTORNEY NAME (if different) isa Kobialka	2b. ATTORNEY PHONE NUMBER (650) 752-1711	3. ATTORNEY EMAIL ADDRESS lkobialka@kramerlevin.com
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MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) ramer Levin Naftalis & Frankel LLP 90 Marsh Road enlo Park, CA 94025	5. CASE NAME Finjan, Inc. v. Juniper Networks, Inc.	6. CASE NUMBER 17-cv-05659
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COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input checked="" type="checkbox"/> FTR	8. THIS TRANSCRIPT ORDER IS FOR:	
<input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>		

TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:

HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
/25/2019	TSH	Disc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
/23/2019	TSH	Disc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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/06/2019	TSH	Disc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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/27/2019	TSH	Disc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:

See attached page 2 for additional hearing transcripts requested.

DER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). SIGNATURE /s/ Lisa Kobialka	12. DATE 09/23/2019
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