

UNITED STATES DISTRICT COURT ORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)	TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.	COURT USE ONLY DUE DATE:
---	--	------------------------------------

CONTACT PERSON FOR THIS ORDER iffany Johnson	2a. CONTACT PHONE NUMBER (612) 231-0201	3. CONTACT EMAIL ADDRESS trjohnson@fr.com
---	--	--

ATTORNEY NAME (if different) Robert Courtney	2b. ATTORNEY PHONE NUMBER (612) 335-5070	3. ATTORNEY EMAIL ADDRESS courtney@fr.com
---	---	--

MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) ish & Richardson P.C. 0 South 6th Street, Suite 3200 inneapolis, MN 55402	5. CASE NAME Finjan, Inc. v. Qualys Inc.	6. CASE NUMBER 4:18-cv-07229
---	---	---------------------------------

COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR uth Ekhaus	8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" 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 (If requesting less than full hearing, specify portion (e.g. witness or time))	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
9/15/2020	TSH	Hearing		●	○	○	○	○	○	●	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○	○	○	○

ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:

DER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). SIGNATURE <u>/s/ Robert Courtney</u>	12. DATE 09/30/2020
--	------------------------

Clear Form

Save as new PDF