

AO 435 (Rev. 04/18)	ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	FOR COURT USE ONLY			
TRANSCRIPT ORDER		DUE DATE:			
<i>Please Read Instructions:</i>					
1. NAME Michael Jay	2. PHONE NUMBER (310) 595-3140	3. DATE 3/10/2021			
4. DELIVERY ADDRESS OR EMAIL DLA-Apple-Maxell-EDTX@us.dlapiper.com	5. CITY	6. STATE 7. ZIP CODE			
8. CASE NUMBER 5:19-cv-00036-RWS	9. JUDGE Robert W. Schroeder, III	DATES OF PROCEEDINGS			
		10. FROM 3/10/2021 11. TO 3/10/2021			
12. CASE NAME Maxell v. Apple		LOCATION OF PROCEEDINGS			
		13. CITY Texarkana 14. STATE Texas			
15. ORDER FOR					
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input 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)					
PORTIONS	DATE(S)	PORTION(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 (Specy) 3/10/2021			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		All testimony			
<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		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<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	0.00
18. SIGNATURE /s/ Michael Jay				PROCESSED BY	
19. DATE 3/10/2021				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	