

USDCA 435 (Rev. 07/14)	Administrative Office of the United States Courts TRANSCRIPT ORDER	FOR COURT USE ONLY DUE DATE:
<i>Read Instructions Page</i>		
1. NAME: Shannon Costello	2. PHONE NUMBER: 907-586-3370	3. DATE: October 3, 2016
4. MAILING ADDRESS: 9360 Glacier Highway, Suite 202	5. CITY: Juneau	6. STATE: AK
		7. ZIP CODE: 99801
8. CASE NUMBER: 1:16-cv-0008-HRH	9. JUDICIAL OFFICIAL: H. Russel Holland	DATES OF PROCEEDINGS
		10. FROM 9/27/2016
		11. TO 9/27/2016
LOCATION OF PROCEEDINGS		
12. CASE NAME: CLIAA, et al., v. CBJ, et al.		
		13. CITY Juneau
		14. STATE AK
15. ORDER FOR		
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT
<input type="checkbox"/> NON-APPEAL	<input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS
		<input type="checkbox"/> BANKRUPTCY
		<input type="checkbox"/> OTHER (Specify)
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 type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		
<input type="checkbox"/> OPINION OF COURT		
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> SENTENCING		9/27/2016
<input type="checkbox"/> BAIL HEARING		
17. ORDER		
CATEGORY	ORIGINAL <small>(Includes Free Copy for the Court)</small>	FIRST COPY
		ADDITIONAL COPIES
		NO. OF PAGES ESTIMATE
		COSTS
ORDINARY	\$3.65 per page <input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED	\$4.85 per page <input type="checkbox"/>	<input type="checkbox"/>
14 DAY	\$4.25 per page <input checked="" type="checkbox"/>	<input type="checkbox"/>
DAILY	\$6.05 per page <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
18. SIGNATURE <i>Shannon Costello</i>	PROCESSED BY	
19. DATE 10/3/16	PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	
ORDER RECEIVED	DATE	BY
DEPOSIT PAID		DEPOSIT PAID
TRANSCRIPT ORDERED		TOTAL CHARGES
TRANSCRIPT RECEIVED		LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT		TOTAL DUE

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