

Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.				COURT USE ONLY DUE DATE:								
1a. CONTACT PERSON FOR THIS ORDER Julia Berman		2a. CONTACT PHONE NUMBER (202) 616-8480		3. CONTACT EMAIL ADDRESS julia.berman@usdoj.gov										
1b. ATTORNEY NAME (if different) Julia Berman		2b. ATTORNEY PHONE NUMBER (202) 616-8480		3. ATTORNEY EMAIL ADDRESS julia.berman@usdoj.gov										
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) U.S. Dep't Justice, Civil Division 20 Massachusetts Ave., NW Washington DC 20001				5. CASE NAME United States Postal Service v. City of Berkeley		6. CASE NUMBER 16cv4815-WHA								
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Katherine Powell Sullivan				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 type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:														
a. 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)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
10/11/2017	WHA	discover		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE			
11. SIGNATURE /s/ Julia A. Berman											10/11/2017			
DISTRIBUTION: <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY														