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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 2a. 0				a. CONTACT PHONE NUMBER					3. CONTACT EMAIL ADDRESS						
1b. ATTORNEY NAME (if different) 2b. A				b. ATTORNEY PHOI	ATTORNEY PHONE NUMBER					3. ATTORNEY EMAIL ADDRESS					
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)					5. CASE NAME						6. CASE NUMBER				
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) $ ightarrow$ \Box FTR						8. THIS TRANSCRIPT ORDER IS FOR: APPEAL CIVIL CJA: Do not use this form; u					E: Court order for transcripts must be attached) use Form CJA24.				
9. TRANSCRIPT	Γ(S) REQUESTED (S	Specify portion	on(s) and date(s) of proceed	eding(s) for which tr	ranscript is r	requested), fo	ormat(s) & qua	intity and de	livery type:						
, , ,					LECT FORMAT(S) (NOTE: ECF access is included the 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 tire).	PDF ng. (email) ne)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
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10. ADDITIONA	AL COMMENTS, INS	STRUCTIONS,	QUESTIONS, ETC:												
ORDER & CERTIFICATION (11, & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE										12.	DATE				
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