

| CAED 435<br>(Rev. 04/18)                                                                                                                                                                                                                                                                                                     | United States District Court, Eastern District of California<br><b>Case 2:19-cv-00617-KJM-AC Document 51 Filed 07/18/21 Page 1 of 1</b> | <b>FOR COURT USE ONLY</b><br><b>DUE DATE:</b> |                                                |                       |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------|-------|
| <b>TRANSCRIPT ORDER</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                               |                                                |                       |       |
| <i>PLEASE Read Instruction Page (attached):</i>                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                               |                                                |                       |       |
| 1. YOUR NAME<br><b>Amy L. Bellantoni</b>                                                                                                                                                                                                                                                                                     | 2. EMAIL<br><b>abell@bellantoni-law.com</b>                                                                                             | 3. PHONE NUMBER<br><b>(914) 367-0090</b>      |                                                |                       |       |
| 5. MAILING ADDRESS<br><b>2 Overhill Road, Suite 400</b>                                                                                                                                                                                                                                                                      |                                                                                                                                         | 6. CITY<br><b>Scarsdale</b>                   |                                                |                       |       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | 7. STATE<br><b>NY</b>                         |                                                |                       |       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | 8. ZIP CODE<br><b>10583</b>                   |                                                |                       |       |
| 9. CASE NUMBER<br><b>19-cv-00617</b>                                                                                                                                                                                                                                                                                         | 10. JUDGE<br><b>Hon. Kimberly Mueller</b>                                                                                               | DATES OF PROCEEDINGS                          |                                                |                       |       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | 11. FROM<br><b>7/16/2021</b>                  | 12. TO<br><b>7/16/2021</b>                     |                       |       |
| 13. CASE NAME<br><b>Baird v Bonta (Becerra)</b>                                                                                                                                                                                                                                                                              |                                                                                                                                         | LOCATION OF PROCEEDINGS                       |                                                |                       |       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | 14. CITY<br><b>Sacramento</b>                 | 15. STATE<br><b>CA</b>                         |                       |       |
| 16. ORDER FOR                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                               |                                                |                       |       |
| <input type="checkbox"/> APPEAL No. <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY<br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify) |                                                                                                                                         |                                               |                                                |                       |       |
| 17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>                                                                                                                                                               |                                                                                                                                         |                                               |                                                |                       |       |
| TRIAL                                                                                                                                                                                                                                                                                                                        | DATE(S)                                                                                                                                 | REPORTER                                      | HEARINGS                                       |                       |       |
| <input type="checkbox"/> ENTIRE TRIAL                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                               | <input type="checkbox"/> OTHER (Specify Below) |                       |       |
| <input type="checkbox"/> JURY SELECTION                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                               |                                                |                       |       |
| <input type="checkbox"/> OPENING STATEMENTS                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                               |                                                |                       |       |
| <input type="checkbox"/> CLOSING ARGUMENTS                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                               |                                                |                       |       |
| <input type="checkbox"/> JURY INSTRUCTIONS                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                               |                                                |                       |       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                               |                                                |                       |       |
|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                               |                                                |                       |       |
| 18. ORDER (Grey Area for Court Reporter Use)                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                               |                                                |                       |       |
| CATEGORY                                                                                                                                                                                                                                                                                                                     | ORIGINAL<br>(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<br><b>1</b>                      |                       |       |
| 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 (19 & 20)<br>By signing below, I certify I will pay all charges (deposit plus additional).                                                                                                                                                                                                                     |                                                                                                                                         |                                               |                                                | ESTIMATE TOTAL        |       |
| 19. SIGNATURE<br><b>/s/ Amy L. Bellantoni</b>                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                               |                                                | PROCESSED BY          |       |
| 20. DATE<br><b>7/18/2021</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                               |                                                | 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             |       |