

CAED 435 (Rev. 10/2023)		United States District Court, Eastern District of California		FOR COURT USE ONLY DUE DATE:	
Case 2:19-cv-00617-KJM-AC Document 107 Filed 11/14/23 Page 1 of 1 TRANSCRIPT ORDER					
<i>PLEASE Read Instruction Page (attached):</i>					
1. YOUR NAME Amy Bellantoni		2. EMAIL ABELL@BELLANTONI-LAW.COM		3. PHONE NUMBER (914) 393-2194	
4. DATE 11/13/2023		5. MAILING ADDRESS 2 Overhill Road, Suite 400		6. CITY Scarsdale	
7. STATE NY		8. ZIP CODE 10583		9. CASE NUMBER 19 Civ 617	
10. JUDGE Hon. Kimberly J. Mueller		DATES OF PROCEEDINGS			
11. FROM 11/3/2023		12. TO			
13. CASE NAME Baird v Bonta		LOCATION OF PROCEEDINGS			
14. CITY Sacramento		15. STATE CA			
16. ORDER FOR					
<input type="checkbox"/> APPEAL No.		<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)	
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	
<input type="checkbox"/> ENTIRE TRIAL				<input type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION				Oral Argument on Summary Judgment	
				11/3/2023	
				Kimberly Bennett	
<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 (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	
				COSTS	
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 0		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
Next Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2- HOUR	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
19. SIGNATURE /s/ Amy L. Bellantoni				PROCESSED BY	
20. DATE 11/13/2023				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE		BY	
DEPOSIT PAID		DEPOSIT PAID		TOTAL CHARGES	
TRANSCRIPT ORDERED		LESS DEPOSIT		TOTAL REFUNDED	
TRANSCRIPT RECEIVED		TOTAL DUE			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					
PARTY RECEIVED TRANSCRIPT					