

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Oliver Zeltner		2. PHONE NUMBER (216) 586-7573		3. DATE 3/22/2019	
4. MAILING ADDRESS Jones Day, 901 Lakeside Ave			5. CITY Cleveland		7. ZIP CODE 44114
8. CASE NUMBER 18-35672		9. JUDGE Jones		DATES OF PROCEEDINGS	
				10. FROM 3/19/2019	11. TO 3/19/2019
12. CASE NAME Westmoreland Coal Company			LOCATION OF PROCEEDINGS		
			13. CITY Houston		14. STATE Texas
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(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 (Specy)	
<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		Entire Hearing	3/19/2019
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (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 type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" 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 (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE /s/ Oliver Zeltner	PROCESSED BY
19. DATE 3/22/2019	PHONE NUMBER
TRANSCRIPT TO BE PREPARED BY Judicial Transcribers of Texas	COURT ADDRESS

ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00