

UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA

**DESIGNATION OF TRANSCRIPTS  
TO BE USED IN RECORD ON APPEAL**

District Court Case Number: \_\_\_\_\_

Court of Appeals Case Number: \_\_\_\_\_

Case Caption: \_\_\_\_\_

\_\_\_\_\_ Transcripts are **NOT** required for this appeal.

The undersigned hereby designates the following transcripts to be used in the record on appeal for the above listed case and appeal:

| Date of<br>Hearing | Docket<br>Number | Proceeding | Recorder/<br>Reporter | Transcript<br>Filed<br>Yes/No |
|--------------------|------------------|------------|-----------------------|-------------------------------|
|                    |                  |            |                       |                               |
|                    |                  |            |                       |                               |
|                    |                  |            |                       |                               |
|                    |                  |            |                       |                               |
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|                    |                  |            |                       |                               |
|                    |                  |            |                       |                               |
|                    |                  |            |                       |                               |
|                    |                  |            |                       |                               |

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Appellant/Appellee

|   |  |  |                              |  |                 |
|---|--|--|------------------------------|--|-----------------|
| AO 435<br>(Rev. 10/05)<br>Read Instructions on Back:  |  | Administrative Office of the United States Courts<br><b>TRANSCRIPT ORDER</b> |                              | <b>FOR COURT USE ONLY</b><br><b>DUE DATE:</b>  |                 |
| 1. NAME   |  | 2. PHONE NUMBER  |                              | 3. DATE  |                 |
| 4. FIRM NAME  |  |  |                              |  |                 |
| 5. MAILING ADDRESS  |  | 6. CITY  |                              | 7. STATE   | 8. ZIP CODE     |
| 9. CASE NUMBER  |  | 10. JUDGE  |                              | DATES OF PROCEEDINGS   |                 |
|   |  |  |                              | 11.  | 12.             |
| 13. CASE NAME   |  |  |                              | LOCATION OF PROCEEDINGS  |                 |
|   |  |  |                              | 14.  | 15. STATE       |
| 16. ORDER FOR<br>APPEAL                                      CRIMINAL                                      CRIMINAL JUSTICE ACT                                      BANKRUPTCY<br>NON-APPEAL                                      CIVIL                                      IN FORMA PAUPERIS                                      OTHER ( <i>Specify</i> ) |  |  |                              |  |                 |
| 17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)  |  |  |                              |  |                 |
| PORTIONS  |  | DATE(S)  |                              | PORTION(S)   |                 |
| VOIR DIRE   |  |  |                              | TESTIMONY (Specify)  |                 |
| OPENING STATEMENT (Plaintiff)   |  |  |                              |  |                 |
| OPENING STATEMENT (Defendant)   |  |  |                              |  |                 |
| CLOSING ARGUMENT (Plaintiff)  |  |  |                              | PRE-TRIAL PROCEEDING   |                 |
| CLOSING ARGUMENT (Defendant)  |  |  |                              |  |                 |
| OPINION OF COURT  |  |  |                              |  |                 |
| JURY INSTRUCTIONS   |  |  |                              | OTHER (Specify)  |                 |
| SENTENCING  |  |  |                              |  |                 |
| BAIL HEARING  |  |  |                              |  |                 |
| 18. ORDER   |  |  |                              |  |                 |
| CATEGORY  | ORIGINAL + 1<br>(original to Court,<br>copy to ordering party) | FIRST<br>COPY  | # OF<br>ADDITIONAL<br>COPIES | DELIVERY INSTRUCTIONS<br>(check all that apply)  | ESTIMATED COSTS |
| 30 DAYS   |  |  |                              | PAPER COPY<br>E-MAIL<br>DISK<br>PDF FORMAT<br>ASCII FORMAT   |                 |
| 14 DAYS   |  |  |                              |  |                 |
| 7 DAYS  |  |  |                              |  |                 |
| DAILY   |  |  |                              |  |                 |
| HOURLY  |  |  |                              |  |                 |
| REALTIME  |  |  |                              |  |                 |
| CERTIFICATION (19. & 20.)<br>By signing below, I certify that I will pay all charges<br>(deposit plus additional).  |  |  |                              | E-MAIL ADDRESS   |                 |
| 19. SIGNATURE   |  |  |                              | <b>NOTE: IF ORDERING BOTH PAPER AND<br/>         ELECTRONIC COPIES, THERE WILL BE AN<br/>         ADDITIONAL CHARGE.</b> |                 |
| 20. DATE  |  |  |                              |  |                 |
| TRANSCRIPT TO BE PREPARED BY  |  |  |                              | ESTIMATE TOTAL   |                 |
| ORDER RECEIVED  |  | DATE   | BY                           | PROCESSED BY                      PHONE NUMBER   |                 |
| DEPOSIT PAID  |  |  |                              | DEPOSIT PAID   |                 |
| TRANSCRIPT ORDERED  |  |  |                              | TOTAL CHARGES  |                 |
| TRANSCRIPT RECEIVED   |  |  |                              | LESS DEPOSIT   |                 |
| ORDERING PARTY NOTIFIED<br>TO PICK UP TRANSCRIPT  |  |  |                              | TOTAL REFUNDED   |                 |
| PARTY RECEIVED TRANSCRIPT   |  |  |                              | TOTAL DUE  |                 |