

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 Hearing	Docket Number	Proceeding	Recorder/ Reporter	Transcript Filed Yes/No

Date: _____

Signature

Print Name

Appellant/Appellee

Read Instructions on Back:

TRANSCRIPT ORDER

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						
APPEAL		CRIMINAL		CRIMINAL JUSTICE ACT		
NON-APPEAL		CIVIL		IN FORMA PAUPERIS		
				BANKRUPTCY		
				OTHER (Specify)		
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 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)	ESTIMATED COSTS
30 DAYS					PAPER COPY	
14 DAYS					E-MAIL	
7 DAYS					DISK	
DAILY					PDF FORMAT	
HOURLY					ASCII FORMAT	
REALTIME						
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS		
19. SIGNATURE				NOTE: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY		
DEPOSIT PAID				PHONE NUMBER		
TRANSCRIPT ORDERED				DEPOSIT PAID		
TRANSCRIPT RECEIVED				TOTAL CHARGES		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT		
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED		
				TOTAL DUE		