UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

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Order Party: Name, Address and Telephone Number

Name: **Ambac Assurance Corporation**

Firm: **Arent Fox LLP**

Address: **1675 Broadway**

City, State, Zip: **New York, NY 10019**

Phone: **212.484.3900**

Email: **mark.angelov@arentfox.com**

Case/Debtor Name: **City of Detroit, MI**

Case Number: **13-53846**

Chapter: **9**

Hearing Judge **Hon. Steven Rhodes**

(●) **Bankruptcy** ( ) **Adversary**

( ) **Appeal** **Appeal No:** _____

Hearing Information (A separate form must be completed for **each** hearing date requested.)

Date of Hearing: **04/03/2014** **Time of Hearing:** **9:00am** **Title of Hearing:** Motions

Please specify portion of hearing requested: (●) **Original/Unredacted** ( ) **Redacted** ( ) **Copy** (2nd Party)

(●) Entire Hearing ( ) Ruling/Opinion of Judge ( ) Testimony of Witness ( ) Other

Special Instructions: **Please send to miranda.perkins@arentfox.com; mark.angelov@arentfox.com**

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Signature of Ordering Party:

/s/ Mark Angelov Date: **4/4/2014**

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