

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

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**Order Party: Name, Address and Telephone Number**

Name Ambac Assurance Corporation  
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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:** 04/11/2014 **Time of Hearing:** 10:00am **Title of Hearing:** SWAPSPlease specify portion of hearing requested: ☒ **Original/Unredacted** ☐ **Redacted** ☐ **Copy (2<sup>nd</sup> Party)**☒ **Entire Hearing** ☐ **Ruling/Opinion of Judge** ☐ **Testimony of Witness** ☐ **Other****Special Instructions:** Please send to miranda.perkins@arentfox.com; mark.angelov@arentfox.com**Type of Request:**

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**Signature of Ordering Party:**/s/ Mark Angelov **Date:** 4/14/2014

By signing, I certify that I will pay all charges upon completion of the transcript request.

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