

## TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME John F. Higgins		2. PHONE NUMBER (713) 226-6000		3. DATE 2/4/2020	
4. DELIVERY ADDRESS OR EMAIL jhiggins@porterhedges.com		5. CITY Houston		6. STATE TX	7. ZIP CODE 77002
8. CASE NUMBER 18-33836	9. JUDGE Judge M. Isgur	DATES OF PROCEEDINGS			
		10. FROM 8/17/2018		11. TO 8/17/2018	
12. CASE NAME Neighbors Legacy Holdings, Inc.		LOCATION OF PROCEEDINGS			
		13. CITY Houston		14. STATE TX	
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)	Hearing held on 08/17/2018
<input type="checkbox"/> SENTENCING			
<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		
3-Day	<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. &amp; 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE John F. Higgins			PROCESSED BY	
19. DATE 2/4/2020			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY Exceptional Reporting Services, Inc.			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 REFUND	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	



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DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY