

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

Docket #0868 Date Filed: 10/13/2020

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Stephanie Alvarez		2. PHONE NUMBER (713) 789-7654		3. DATE 10/13/2020	
4. DELIVERY ADDRESS OR EMAIL legal@jetallcompanies.com			5. CITY Houston		7. ZIP CODE 77027
8. CASE NUMBER 20-32564		9. JUDGE Jones		DATES OF PROCEEDINGS	
			10. FROM 10/7/2020		11. TO 10/7/2020
12. CASE NAME Stage STores			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 checked="" type="checkbox"/>	VOIR DIRE	FILED	<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input checked="" type="checkbox"/>	OPENING STATEMENT (Plaintiff)	October 13, 2020		
<input checked="" type="checkbox"/>	OPENING STATEMENT (Defendant)			
<input checked="" type="checkbox"/>	CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input checked="" type="checkbox"/>	CLOSING ARGUMENT (Defendant)	David J. Bradley, Clerk of Court		
<input checked="" type="checkbox"/>	OPINION OF COURT			
<input checked="" type="checkbox"/>	JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE Stephanie Alvarez		PROCESSED BY	
19. DATE 10/13/2020		PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY		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: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY