

AO 435 (Rev. 12/03)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER						
Please Read Instructions above						
1. NAME Michael M. Beal		2. PHONE NUMBER (803) 753-3209		3. DATE 3/16/2012		
4. MAILING ADDRESS P.O. Box 11390		5. CITY Columbia		6. STATE SC	7. ZIP CODE 29211	
8. CASE NUMBER 12-01220	9. JUDGE John E. Waites	DATES OF PROCEEDINGS				
		10. FROM 3/16/2012	11.			
12. CASE NAME The Cliffs Club & Hospitality Group, Inc		LOCATION OF PROCEEDINGS				
		13. Columbia	14.			
15. ORDER FOR						
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input checked="" type="checkbox"/> BANKRUPTCY			
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<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	3/16/2012	<input type="checkbox"/> TESTIMONY (Specify Witness)				
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING			All of 3/16/2012 hearing	3/16/2012		
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE				PROCESSED BY		
19. DATE				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 REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00		

(Previous editions of this form may still be used)

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY