

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 Julio E. Mendoza, Jr., Esq./Nexsen Pruet, LLC			2. PHONE NUMBER (803) 540-2026		3. DATE 3/19/2012		
4. MAILING ADDRESS PO Drawer 2426			5. CITY Columbia		6. STATE SC	7. ZIP CODE 29202	
8. CASE NUMBER 12-01220		9. JUDGE Waites		DATES OF PROCEEDINGS			
				10. FROM 3/16/2012		11. 3/16/2012	
12. CASE NAME The Cliffs Club & Hospitality Group, Inc.				LOCATION OF PROCEEDINGS			
				13. Columbia		14. Columbia	
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				<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				Full Transcript			
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL <small>(Includes Free Copy for the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS		
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input checked="" 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 <i>Julio E. Mendoza Jr.</i>				PROCESSED BY			
19. DATE <i>March 19, 2012</i>				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)

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