


AO 435 (Rev. 12/03)		Administrative Office of the United States Courts			<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>						
Please Read Instructions above						
1. NAME Bryan E. Bates		2. PHONE NUMBER (404) 527-4073		3. DATE 8/10/2012		
4. MAILING ADDRESS 303 Peachtree Street, NE, Suite 5300		5. CITY Atlanta		6. STATE GA		7. ZIP CODE 30308
8. CASE NUMBER 12-01220		9. JUDGE Waites		DATES OF PROCEEDINGS		
				10. FROM 8/6/2012		11. 8/6/2012
12. CASE NAME The Cliffs Club & Hospitality Group, Inc.				LOCATION OF PROCEEDINGS		
				13. Columbia, SC		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				<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						All arguments of counsel and
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		all testimony of witnesses
<input type="checkbox"/> SENTENCING				from opening of hearing to		close of hearing as well as
<input type="checkbox"/> BAIL HEARING				all exhibits introduced at the		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 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 				PROCESSED BY		
19. DATE 8/10/12				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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