

UNITED STATES BANKRUPTCY COURT
- MIDDLE DISTRICT OF TENNESSEE -

TRANSCRIPT REQUEST FORM

Please complete one form for each trial or hearing, attach payment (search fee only),
and deliver to Clerk's office at: 701 BROADWAY, ROOM 170, NASHVILLE, TN 37203
or file electronically through CM/ECF.

1. NAME OF PARTY REQUESTING TRANSCRIPT Steven D. Sass, in his capacity as Liquidating Trustee and Debtor Representative	2. DATE OF ORDER June 19, 2019
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3. EMAIL ADDRESS rmiller@manieherod.com	4. PHONE NUMBER (615) 742-9320
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5. MAILING ADDRESS Robert W. Miller - Manier & Herod, P.C. 1201 Demonbreuen Street, Suite 900, Nashville, Tennessee 37203

6. CASE NUMBER 18-05665	7. CASE NAME Curae Health Inc. et al.	8. JUDGE Charles M. Walker
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9. DATE(S) OF HEARING/TRIAL (If hearing/trial was on multiple days, please fill in all days hearing/trial held)

From March 26, 2019 to March 26, 2019

10. ORDER IS FOR

APPEAL BANKRUPTCY ADVERSARY

OTHER: _____

11. PORTIONS REQUESTED (Indicate the portion of the hearing/trial requested)

Entire Hearing/Trial Court Ruling Only

Voir Dire Testimony of (Specify Name): _____

Opening Statement (Plaintiff) _____

Opening Statement (Defendant) _____

Closing Statement (Plaintiff) _____

Closing Statement (Defendant) Other: _____

12. REQUESTED TURNAROUND TIME

Daily (24-Hour) 7-Day Expedited

14-Day Expedited Standard (30-Day)

13. NUMBER OF COPIES REQUESTED (Transcript request includes 1 copy for the Court) 1

By signing below, I certify that I will pay all charges for the preparation of the transcript, including search fee, deposit, and any additional charges as specified by the assigned transcriptionist.

/s/ Robert W. Miller 06/19/2019

Signature of Person Ordering Date

FOR COURT USE ONLY	DATE	BY
ORDER RECEIVED BY INTAKE		
SEARCH FEE PAID		
FILE(S) UPLOADED		