

**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.

<b>1. NAME OF PARTY REQUESTING TRANSCRIPT</b>  Steven D. Sass, in his capacity as Liquidating Trustee and Debtor Representative	<b>2. DATE OF ORDER</b>  June 19, 2019
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<b>3. EMAIL ADDRESS</b>  rmiller@manieherod.com	<b>4. PHONE NUMBER</b>  (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

<b>6. CASE NUMBER</b>  18-05665	<b>7. CASE NAME</b>  Curae Health Inc. et al.	<b>8. JUDGE</b>  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 May 9, 2019 to May 9, 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		