

AO 435
(Rev. 10/23)

ADMINISTRATIVE OFFICE OF

TRANSCRIPT ORDER					DUE DATE:	
1. NAME Casey W. Doherty			2. PHONE NUMBER (713) 658-4643		3. DATE 11/17/2025	
4. DELIVERY ADDRESS OR EMAIL casey.doherty@dentons.com			5. CITY Houston		6. STATE Texas	7. ZIP CODE 77056
8. CASE NUMBER 24-34908		9. JUDGE Christopher M. Lopez		DATES OF PROCEEDINGS		
				10. FROM 11/17/2025		11. TO 11/17/2025
12. CASE NAME Global Wound Care Medical Group				LOCATION OF PROCEEDINGS		
				13. CITY Houston		14. STATE Texas
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 (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		Entire Transcript
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE /s/ Casey W. Doherty				PROCESSED BY		
19. DATE 11/17/2025				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY Veritext Legal Solutions				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 REFUND		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

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