

AO 435
(Rev. 04/11)

Administrative Office of the T

Docket #1374 Date Filed: 6/17/2024

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME John P. Melko, Foley & Lardner LLP		2. PHONE NUMBER (713) 276-5500		3. DATE 6/17/2024	
4. MAILING ADDRESS jmelko@foley.com; rdiep@foley.com		5. CITY Houston		6. STATE TX	7. ZIP CODE 77002
8. CASE NUMBER 23-03091	9. JUDGE Isgur	DATES OF PROCEEDINGS			
12. CASE NAME Wesco Aircraft Holdings, Inc. v. SSD Investments, et al		10. FROM 6/14/2024	11. TO 6/14/2024		
15. ORDER FOR		LOCATION OF PROCEEDINGS			
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
		<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)	06/14/2024
<input type="checkbox"/> SENTENCING		Entire Hearing and/or Trial	
<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
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<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/ John P. Melko	PROCESSED BY
19. DATE 6/17/2024	PHONE NUMBER
TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS

ORDER RECEIVED	DATE	BY	DEPOSIT PAID	TOTAL CHARGES	TOTAL REFUNDED	TOTAL DUE
DEPOSIT PAID						
TRANSCRIPT ORDERED				0.00		
TRANSCRIPT RECEIVED					0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT						
PARTY RECEIVED TRANSCRIPT						

