

TRANSCRIPT ORDER					DUE DATE:	
Please Read Instructions:						
1. NAME Kaleb Bailey		2. PHONE NUMBER (713) 220-3604		3. DATE 8/21/2025		
4. DELIVERY ADDRESS OR EMAIL kbailey@hunton.com		5. CITY Houston		6. STATE TX	7. ZIP CODE 77002	
8. CASE NUMBER 25-90309		9. JUDGE Alfredo Perez		DATES OF PROCEEDINGS		
		10. FROM 8/21/2025		11. TO 8/21/2025		
12. CASE NAME ModivCare Inc., et al.				LOCATION OF PROCEEDINGS		
		13. CITY Houston		14. STATE TX		
15. ORDER FOR						
<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)		
<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)		
<input type="checkbox"/> SENTENCING				Entire Proceeding		
<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 type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
Next-Day	<input checked="" 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/ Kaleb Bailey				PROCESSED BY		
19. DATE 8/21/2025				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		