AO 435
(Rev. 10/23)

ADMINISTRATIVE OFFICE OF [illegible]

TRANSCRIPT ORDER

Please Read Instructions:

DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE	
Charles R. Koster	(713) 496-9700	8/24/2026	
4. DELIVERY ADDRESS OR EMAIL	**5. CITY**	**6. STATE**	**7. ZIP CODE**
charles.koster@whitecase.com / dreznik@whitecase.com	Houston	TX	77002
8. CASE NUMBER	**9. JUDGE**	**DATES OF PROCEEDINGS**	
26-90709 / 25-90524	Alfredo R. Perez	10. FROM 8/21/2026	11. TO 8/21/2026
12. CASE NAME		**LOCATION OF PROCEEDINGS**	
Ambipar Emergency Response		13. CITY	14. STATE

15. ORDER FOR

- ☐ APPEAL
- ☐ CRIMINAL
- ☐ CRIMINAL JUSTICE ACT
- ☒ BANKRUPTCY
- ☐ NON-APPEAL
- ☐ CIVIL
- ☐ IN FORMA PAUPERIS
- ☐ 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)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	
☐ SENTENCING		Entire proceeding	
☐ 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	☐	☐	NO. OF COPIES		
14-Day	☐	☐	NO. OF COPIES		
7-Day	☐	☐	NO. OF COPIES		
3-Day	☐	☐	NO. OF COPIES		
Next-Day	☐	☒	NO. OF COPIES		
2-Hour	☐	☐	NO. OF COPIES		
REALTIME	☐	☐			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL 0.00

18. SIGNATURE
/s/ Charles R. Koster

PROCESSED BY

19. DATE
8/24/2026

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

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

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