

**U.S. BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
TRANSCRIPT-MULTIMEDIA REQUEST ORDER FORM**

|  |   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
|--|---|-----------|-------------------|-------------------------------|-----------------------------|-------------------------------|-------|-------------------------------|-------|-------------------------------|-------|-------------------|--------------|
| 1. ORDER REQUEST<br><br>TRANSCRIPT*                      MULTIMEDIA  | 2. DATE OF ORDER                              |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 3. NAME OF PERSON ORDERING   | 4. EMAIL ADDRESS                              |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 5. MAILING ADDRESS   | 6. PHONE NUMBER                               |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 7. CITY AND STATE  | 8. ZIP CODE                                   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 9. CASE NUMBER OF HEARING  | 10. CASE STYLE OF HEARING                     |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 11. JUDGE PRESIDING AT HEARING   | 12. DATE(S) OF HEARING<br>From _____ to _____ |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 13. ORDER IS FOR:            APPEAL                      BANKRUPTCY                      ADVERSARY<br>OTHER _____  |   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 14. PORTIONS REQUESTED (Indicate the portion of the hearing requested)<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Voir Dire</td> <td style="width: 50%;">Court Ruling Only</td> </tr> <tr> <td>Opening Statement (Plaintiff)</td> <td>Testimony of (Specify Name)</td> </tr> <tr> <td>Opening Statement (Defendant)</td> <td>_____</td> </tr> <tr> <td>Closing Statement (Plaintiff)</td> <td>_____</td> </tr> <tr> <td>Closing Statement (Defendant)</td> <td>_____</td> </tr> <tr> <td>Entire Proceeding</td> <td>Other: _____</td> </tr> </table> |   | Voir Dire | Court Ruling Only | Opening Statement (Plaintiff) | Testimony of (Specify Name) | Opening Statement (Defendant) | _____ | Closing Statement (Plaintiff) | _____ | Closing Statement (Defendant) | _____ | Entire Proceeding | Other: _____ |
| Voir Dire  | Court Ruling Only                             |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| Opening Statement (Plaintiff)  | Testimony of (Specify Name)                   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| Opening Statement (Defendant)  | _____   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| Closing Statement (Plaintiff)  | _____   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| Closing Statement (Defendant)  | _____   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| Entire Proceeding  | Other: _____                                  |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 15. TRANSCRIPTS ONLY: Select the transcript rate from the drop down box below, indicating the amount of time requested to prepare the transcript.*<br><br>For transcription rates go to:<br><a href="https://www.uscourts.gov/services-forms/federal-court-reporting-program#rates">https://www.uscourts.gov/services-forms/federal-court-reporting-program#rates</a>  |   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| 16. NUMBER OF COPIES REQUESTED: Transcript request includes 1 copy for the Court.<br>_____ Transcript*                      _____ Multimedia   |   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| By signing below, I certify that I will pay all charges for the preparation of the transcript, including the deposit and additional charges as specified by the assigned court reporter/transcriptionist:<br><br>_____   |   |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |
| Signature of Person Ordering   | Date  |           |                   |                               |                             |                               |       |                               |       |                               |       |                   |              |

**\*For expedited, 7-day, 3-day, Next-day and Realtime transcript requests, you must contact the Court Clerk's office one week in advance of the hearing.**