

#19680

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

## TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. (Additional instructions on next page.)

COURT USE ONLY

DUE DATE:

|                                                           |                                                    |                                                           |
|-----------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| 1a. Contact Person for this Order<br><b>Yuluo Kang</b>    | 2a. Contact Phone Number<br><b>(626) 578-7294</b>  | 3a. Contact E-mail Address<br><b>ykang@adlailaw.com</b>   |
| 1b. Attorney Name (if different)<br><b>Tarik S. Adlai</b> | 2b. Attorney Phone Number<br><b>(626) 578-7294</b> | 3b. Attorney E-mail Address<br><b>tadlai@adlailaw.com</b> |

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)  
**Law Offices of Tarik S. Adlai**  
**65 No. Raymond Ave.**  
**Suite 320**  
**Pasadena, California 91103**

5. Name & Role of Party Represented  
**Artur Ayvazyan, Defendant**

6. Case Name  
**U.S. v. Ayvazyan, et al.**

7a. District Court Case Number  
**2:20-cr-579**

7b. Appeals Court Case Number  
**21-50302**

8. INDICATE WHETHER PROCEEDING WAS (choose only one per form):

☐ DIGITALLY RECORDED☐ TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER: **Miriam Baird**9. THIS TRANSCRIPT ORDER IS FOR: ☒ Appeal ☐ Non-Appeal ☒ Criminal ☐ Civil ☐ CJA ☐ USA ☐ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):

You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below.

| a. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.) |                                     |              |                                                                                                                                                                                                  | b. SELECT FORMAT(S) (CM/ECF access included with purchase of transcript.) |                       |                       |                       |                       |                                  | c. RELEASE OF TRANS. RESTRICTION DATE                                              | d. DELIVERY TYPE<br>30-day, 14-day, 7-day, 3-day, Daily, Hourly                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| HEARING DATE                                                                                                                                                                                                              | Minute Order Docket# (if available) | JUDGE (name) | PROCEEDING TYPE / PORTION<br>If requesting less than full hearing, specify portion (e.g., witness or time).<br>CJA orders: indicate if openings, closings, voir dire, or instructions requested. | PDF (email)                                                               | TEXT / ASCII (email)  | PAPER                 | CONDENSED (email)     | CM/ECF ACCESS (web)   | WORD INDEXING                    | (Provide release date of efiled transcript, or check to certify none yet on file.) | (Check with court reporter before choosing any delivery time sooner than "Ordinary-30.") |
|                                                                                                                                                                                                                           | <b>538</b>                          |              |                                                                                                                                                                                                  | <input checked="" type="radio"/>                                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/>                                                   | ORDINARY (30-day)                                                                        |
|                                                                                                                                                                                                                           |                                     |              |                                                                                                                                                                                                  | <input type="radio"/>                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                              | <input checked="" type="checkbox"/>                                                      |
|                                                                                                                                                                                                                           |                                     |              |                                                                                                                                                                                                  | <input type="radio"/>                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                              | <input checked="" type="checkbox"/>                                                      |
|                                                                                                                                                                                                                           |                                     |              |                                                                                                                                                                                                  | <input type="radio"/>                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                              | <input checked="" type="checkbox"/>                                                      |
|                                                                                                                                                                                                                           |                                     |              |                                                                                                                                                                                                  | <input type="radio"/>                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>                                                              | <input checked="" type="checkbox"/>                                                      |

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain necessity of non-appeal orders, orders for transcripts of proceedings involving only a co-defendant, &amp; special authorizations to be requested in Section 14 of CJA-24 Voucher (attach additional pages if needed).

12. ORDER &amp; CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date **1/12/21**Signature **/s Tarik S. Adlai**