

**UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA  
TRANSCRIPT DESIGNATION AND ORDERING FORM**

*Please read instructions.*

|  |  |  |  |  |                       |
|--|--|--|--|--|-----------------------|
| 1. NAME<br><b>Mark S. Werner</b>                               |  | 2. PHONE NUMBER<br><b>406-259-2459</b> |  | 3. DATE<br><b>01.27.16</b>                                       |                       |
| 4. MAILING ADDRESS<br><b>2702 Montana Avenue, Suite 101</b>    |  |  | 5. E-MAIL ADDRESS<br><b>judy_fisher@fd.org</b> |  | 7. STATE<br><b>MT</b> |
| 8. ZIP CODE<br><b>59101</b>                                    |  | 9. JUDGE<br><b>Susan P. Watters</b>    |  | 10. CASE NAME<br><b>United States v. William Krisstofor Wolf</b> |                       |
| 11. U.S. DISTRICT COURT CASE NUMBER<br><b>CR-15-49-BLG-SPW</b> |  |  | 12. COURT OF APPEALS CASE NUMBER               |  |                       |

13. ORDER FOR

|                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> APPEAL     | <input checked="" type="checkbox"/> CRIMINAL | <input type="checkbox"/> CRIMINAL JUSTICE ACT | <input type="checkbox"/> BANKRUPTCY      |
| <input type="checkbox"/> NON-APPEAL | <input type="checkbox"/> CIVIL               | <input type="checkbox"/> IN FORMA PAUPERIS    | <input type="checkbox"/> OTHER - Specify |

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

| PORTIONS                      | DATE(S) | REPORTER | PORTIONS                             | DATE(S)         | REPORTER          |
|-------------------------------|---------|----------|--------------------------------------|-----------------|-------------------|
| Change of Plea                |         |          | Closing Argument - Plaintiff         |                 |                   |
| Pre-trial Proceeding          |         |          | Closing Argument - Defendant         |                 |                   |
| Voir Dire                     |         |          | Settlement Instructions              |                 |                   |
| Opening Statement - Plaintiff |         |          | Jury Instructions                    |                 |                   |
| Opening Statement - Defendant |         |          | Sentencing                           |                 |                   |
| Testimony - Specify Witness   |         |          | Other - Specify                      | <b>11.04.15</b> | <b>Tina Brilz</b> |
|                               |         |          | Testimony of William Krisstofor Wolf |                 |                   |

15. ORDER

| CATEGORY | ORIGINAL<br><small>Includes certified copy to clerk for records of the Court</small> | FIRST COPY                               | ADDITIONAL COPIES                       | FORMAT REQUESTED<br><small>Each format is billed as a separate transcript copy.</small> |   |   |   |
|----------|--|--|---|---|---|---|---|
|          |  |  |   | Paper   |   | Electronic Specify File Format  |   |
| 30-Day   | \$3.65/page<br><input type="checkbox"/>  | \$ .90/ page<br><input type="checkbox"/> | \$ .60 page<br><input type="checkbox"/> | <input checked="" type="checkbox"/> Full Size   | <input type="checkbox"/> A-Z word index | <input type="checkbox"/> ASCII<br><input type="checkbox"/> A-Z word index | PDF <input checked="" type="checkbox"/> |
| 14-Day   | \$4.25/page<br><input type="checkbox"/>  | \$ .90/page<br><input type="checkbox"/>  | \$ .60/page<br><input type="checkbox"/> | <input type="checkbox"/> Full Size  | <input type="checkbox"/> A-Z word index | <input type="checkbox"/> ASCII<br><input type="checkbox"/> A-Z word index | PDF <input type="checkbox"/>            |
| 7- Day   | \$4.85/ page<br><input type="checkbox"/>   | \$ .90/ page<br><input type="checkbox"/> | \$ .60/page<br><input type="checkbox"/> | <input type="checkbox"/> Full Size  | <input type="checkbox"/> A-Z word index | <input type="checkbox"/> ASCII<br><input type="checkbox"/> A-Z word index | PDF <input type="checkbox"/>            |
| DAILY    | \$6.05/page<br><input type="checkbox"/>  | \$1.20/ page<br><input type="checkbox"/> | \$ .90/page<br><input type="checkbox"/> | <input type="checkbox"/> Full Size  | <input type="checkbox"/> A-Z word index | <input type="checkbox"/> ASCII<br><input type="checkbox"/> A-Z word index | PDF <input type="checkbox"/>            |
| HOURLY   | \$7.25/page<br><input type="checkbox"/>  | \$1.20/ page<br><input type="checkbox"/> | \$ .90/page<br><input type="checkbox"/> | <input type="checkbox"/> Full Size  | <input type="checkbox"/> A-Z word index | <input type="checkbox"/> ASCII<br><input type="checkbox"/> A-Z word index | PDF <input type="checkbox"/>            |

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.  
If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.  
Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: 01.27.16 Attorney signature: /s/ Mark S. Werner

Date order received by court reporter: \_\_\_\_\_ Expected transcript completion date: \_\_\_\_\_