

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Erin E. Jones		2. PHONE NUMBER (713) 515-4806		3. DATE 2/17/2026	
4. DELIVERY ADDRESS OR EMAIL erin@jonesmurray.com		5. CITY Houston		6. STATE TX	7. ZIP CODE 77007
8. CASE NUMBER 25-90309	9. JUDGE Alfredo R. Perez	DATES OF PROCEEDINGS			
		10. FROM 2/13/2026	11. TO 2/13/2026		
12. CASE NAME In re ModivCare Inc.		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"/> 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)
<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)	2/13/2026
<input type="checkbox"/> SENTENCING		Entire 1pm-4:54pm hearing	
<input type="checkbox"/> BAIL HEARING		CourtroomMinutes-Dkt.1297	

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<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/ Erin E. Jones		PROCESSED BY	
19. DATE 2/17/2026		PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY		COURT ADDRESS	
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES 0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT 0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUND ^(F)
PARTY RECEIVED TRANSCRIPT			TOTAL DUE



259030926021700000000004

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY