

AO 435  
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

**TRANSCRIPT ORDER**

**DUE DATE:**

*Please Read Instructions:*

1. NAME <b>Charles R. Koster</b>		2. PHONE NUMBER <b>(713) 496-9700</b>		3. DATE <b>5/4/2026</b>	
4. DELIVERY ADDRESS OR EMAIL <b>charles.koster@whitecase.com /dreznik@whitecase.com</b>			5. CITY <b>Houston</b>		7. ZIP CODE <b>77002</b>
8. CASE NUMBER <b>25-90309</b>		9. JUDGE <b>Alfredo R. Perez</b>		DATES OF PROCEEDINGS	
			10. FROM <b>4/30/2026</b>		11. TO <b>4/30/2026</b>
12. CASE NAME <b>ModivCare Inc., et al.</b>			LOCATION OF PROCEEDINGS		
			13. CITY <b>Houston</b>		14. STATE <b>Texas</b>
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"/> IN FORMA PAUPERIS					
<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)	
<input type="checkbox"/> SENTENCING		<b>Entire Proceeding</b>	
<input type="checkbox"/> 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
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" 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 <b>/s/ Charles R. Koster</b>			PROCESSED BY		
19. DATE <b>5/4/2026</b>			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUND <sup>(F)</sup>	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	



259030926050400000000002

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY