AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

TRANSCRIPT ORDER

Please Read Instructions:

DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE
Charles R. Koster	(713) 496-9700	10/1/2025

4. DELIVERY ADDRESS OR EMAIL	5. CITY	6. STATE	7. ZIP CODE
charles.koster@whitecase.com /dreznik@whitecase.com	Houston	TX	77002

8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS	
25-90309	Alfredo R. Perez	10. FROM 10/3/2025	11. TO 10/3/2025

12. CASE NAME	LOCATION OF PROCEEDINGS	
ModivCare Inc., et al.	13. CITY Houston	14. STATE Texas

15. ORDER FOR

- ☐ APPEAL
- ☐ CRIMINAL
- ☐ CRIMINAL JUSTICE ACT
- ☒ BANKRUPTCY
- ☐ NON-APPEAL
- ☐ CIVIL
- ☐ IN FORMA PAUPERIS
- ☐ 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)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	
☐ SENTENCING		Entire Proceeding	
☐ 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
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CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL: 0.00

18. SIGNATURE: /s/ Charles R. Koster

19. DATE: 10/9/2025

PROCESSED BY

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
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PARTY RECEIVED TRANSCRIPT			TOTAL DUE	

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