

AO 435
(Rev. 10/23)

ADMINISTRATIVE OFFICE OF

Docket #0486 Date Filed: 10/10/2025

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Kaleb Bailey		2. PHONE NUMBER (713) 220-3604		3. DATE 10/10/2025	
4. DELIVERY ADDRESS OR EMAIL kbailey@hunton.com		5. CITY Houston		6. STATE TX	7. ZIP CODE 77002
8. CASE NUMBER 25-90309	9. JUDGE Alfredo Perez	DATES OF PROCEEDINGS			
		10. FROM 10/10/2025		11. TO 10/10/2025	
12. CASE NAME ModivCare Inc., et al.		LOCATION OF PROCEEDINGS			
		13. CITY Houston		14. STATE TX	
15. ORDER FOR					
☐ APPEAL		☐ CRIMINAL		☐ CRIMINAL JUSTICE ACT	
☐ NON-APPEAL		☐ CIVIL		☒ BANKRUPTCY	
		☐ 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 (Specy)	
☐ 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
30-Day	☐	☐	NO. OF COPIES		
14-Day	☐	☐	NO. OF COPIES		
7-Day	☐	☐	NO. OF COPIES		
3-Day	☐	☐	NO. OF COPIES		
Next-Day	☐	☒	NO. OF COPIES		
2-Hour	☐	☐	NO. OF COPIES		
REALTIME	☐	☐			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE /s/ Kaleb Bailey			PROCESSED BY	
19. DATE 10/10/2025			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 REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	



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