AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF [illegible]

TRANSCRIPT ORDER

Please Read Instructions:

DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE	
Michael Magzamen	(212) 318-6965	6/9/2025	
4. DELIVERY ADDRESS OR EMAIL	**5. CITY**	**6. STATE**	**7. ZIP CODE**
michaelmagzamen@paulhastings.com	New York	NY	10166

8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS	
25-90309	Alfredo Perez	10. FROM 10/10/2025	11. TO 10/10/2025
12. CASE NAME		LOCATION OF PROCEEDINGS	
ModivCare Inc., et al.		13. CITY Houston	14. STATE TX

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			
☐ 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/ Michael Magzamen

PROCESSED BY

19. DATE
10/10/2025

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY
ORDER RECEIVED		
DEPOSIT PAID		
TRANSCRIPT ORDERED		
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ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		
PARTY RECEIVED TRANSCRIPT		

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TOTAL CHARGES	0.00
LESS DEPOSIT	0.00
TOTAL REFUNDED	
TOTAL DUE	

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