

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Zarina Nabi		2. PHONE NUMBER (202) 247-2266		3. DATE 8/25/2025	
4. DELIVERY ADDRESS OR EMAIL zarina.nabi@wilmerhale.com		5. CITY Washington		6. STATE DC	7. ZIP CODE 20037
8. CASE NUMBER 4:23-bk-90086	9. JUDGE Judge Christopher M. Lopez	DATES OF PROCEEDINGS			
		10. FROM 7/2/2025		11. TO 7/2/2025	
12. CASE NAME Tehum Care Services, Inc. and Thurman R Watson		LOCATION OF PROCEEDINGS			
		13. CITY Houston		14. STATE Texas	
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		hearing on YesCare"s Motion	7/2/2025
☐ 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	☐	☐	NO. OF COPIES		
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HOURLY	☐	☐	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

zarina nabi

PROCESSED BY

19. DATE

8/27/2025

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

	DATE	BY		
ORDER RECEIVED				
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	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	



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