

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF

Docket #2430 Date Filed: 09/03/2025

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Trevor Carolan		2. PHONE NUMBER (972) 616-1723		3. DATE 9/3/2025	
4. DELIVERY ADDRESS OR EMAIL trevor.carolan@bowmanandbrooke.com		5. CITY Plano		6. STATE TX	7. ZIP CODE 75024
8. CASE NUMBER 23-90086 (CML)	9. JUDGE Christopher M. Lopez	DATES OF PROCEEDINGS			
		10. FROM 7/2/2025		11. TO 7/2/2025	
12. CASE NAME Tehum Care Services, Inc.		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)	July 2, 2025
☐ SENTENCING		Hearing on YesCare's Motion to Enjoin [Doc 2160]	
☐ 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 1		
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DAILY	☐	☐	NO. OF COPIES		
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 /s/ Trevor Carolan			PROCESSED BY	
19. DATE 9/3/2025			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 REFUND	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	



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