

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF THE CLERK OF THE DISTRICT COURT

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Gabriel A. Morgan		2. PHONE NUMBER (713) 546-5000		3. DATE 10/7/2025	
4. DELIVERY ADDRESS OR EMAIL rene.olvera@weil.com; christopher.jalomo@weil.com		5. CITY Houston		6. STATE TX	7. ZIP CODE 77002
8. CASE NUMBER 2023-90086	9. JUDGE Hon. Christopher M. Lopez		DATES OF PROCEEDINGS		
		10. FROM 9/22/2025		11. TO 9/22/2025	
12. CASE NAME In re 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)	
☐ SENTENCING		Entire Proceeding	9/22/2025
☐ 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
/s/ Gabriel A. Morgan

PROCESSED BY

19. DATE
10/7/2025

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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