AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF [illegible]

TRANSCRIPT ORDER

Please Read Instructions:

DUE DATE:

1. NAME	2. PHONE NUMBER	3. DATE	
Adam Schmit	(713) 547-2000	8/24/2026	
4. DELIVERY ADDRESS OR EMAIL	**5. CITY**	**6. STATE**	**7. ZIP CODE**
adam.schmit@haynesboone.com	Houston	Texas	77010

8. CASE NUMBER	9. JUDGE	DATES OF PROCEEDINGS	
26-90709	Hon. Alfredo R. Pérez	10. FROM 8/21/2026	11. TO 8/21/2026
12. CASE NAME		LOCATION OF PROCEEDINGS	
Ambipar Emergency Response		13. CITY Houston	14. STATE Texas

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)	Entire proceeding
☐ 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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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/ Adam Schmit

19. DATE: 8/24/2026

PROCESSED BY

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 REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	

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