Docket #0423 Date Filed: 6/23/2026

BTXN 191 (rev. 12/23)

**GENERAL:** Use this form to order audio or transcript of proceedings. Complete a separate order form for each case number and/or date. Payment and delivery of transcripts is between the ordering party and the assigned transcriber. There is a $34 fee for the reproduction of an audio recording of a court proceeding which must be paid in advance to Clerk, US Bankruptcy Court.

**SUBMIT ORDER FORM:**

Dallas & Wichita Falls: dal_transcript@txnb.uscourts.gov
Fort Worth: ftw_transcript@txnb.uscourts.gov
West Texas: lub_transcript@txnb.uscourts.gov

**ITEM 1:** Specifies whether the order is for a copy of the audio from the proceeding or an official order of the transcript. Denote order with an "X" in the correct field.

**ITEMS 2-13:** These items should always be complete. Only one case number, case name, and date of proceeding may be listed per order.

**ITEM 14:** Specifies the type of case. Denote order with an "X" in the correct field.

**ITEM 15:**

| | |
|---|---|
| 30-Day Transcript (Ordinary) ($4.00 per page) | A transcript to be delivered within thirty (30) calendar days after the receipt of an order request. |
| 14-Day Transcript (Expedited) ($4.70 per page) | A transcript to be delivered within fourteen (14) calendar days after receipt of an order request. |
| 7-Day Transcript (Expedited) ($5.35 per page) | A transcript to be delivered within seven (7) calendar days after receipt of an order request. |
| 3-Day Transcript (Expedited) ($6.00 per page) | A transcript to be delivered within three (3) calendar days after receipt of an order request. |
| Next Day Transcript (Daily) ($6.70 per page) | A transcript to be delivered following the adjournment and prior to the normal opening hour of the court on the following day whether nor not it actually is a court day. |
| 2-Hour Transcript (Hourly) ($8.00 per page) | A transcript of proceedings ordered under unusual circumstances to be delivered within two (2) hours of receiving an order request. |

**ITEM 16:** Place an "X" in the correct field for each portion requested. Be sure that the description is accurately and clearly written to facilitate processing. For example, list full names of witness testimony to be included.

**ITEM 17-18:** Sign and date in this space to certify that you will pay all charges for the order.

**Shaded area reserved for the court's use.**

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BTXN 191 (rev. 11/20)

# AUDIO / TRANSCRIPT ORDER

| 1. ORDER REQUEST: | 2. DATE OF ORDER: | FOR COURT USE ONLY DUE DATE: |
|---|---|---|
| [x] AUDIO [x] TRANSCRIPT | 06/23/2026 | |

| 3. NAME: | 4. PHONE NUMBER: | 5. EMAIL ADDRESS: |
|---|---|---|
| Deborah Deitsch-Perez | 214-560-2218 | deborah.deitschperez@stinsc |

| 6. MAILING ADDRESS: | 7. CITY: | 8. STATE: | 9. ZIP CODE: |
|---|---|---|---|
| 2200 Ross Ave Suite 2900 | Dallas | TX | 75201 |

| 10. CASE NUMBER: | 11. CASE NAME: | 12. JUDICIAL OFFICIAL: | 13. DATE OF PROCEEDING: |
|---|---|---|---|
| 19-34054-sgj-11 | Kirschner v Dondero et al. | Hon. Judge Scholer | FROM: / / 5/06/2026 |

14. ORDER FOR: [ ] APPEAL [x] BANKRUPTCY [ ] OTHER

15. ORDER:

| | ORDINARY | 7 DAY EXPEDITED | DAILY | HOURLY |
|---|---|---|---|---|
| A. | [ ] | [ ] | [ ] | [x] |

| 14 DAY EXPEDITED | 3 DAY EXPEDITED |
|---|---|
| [ ] | [ ] |

16. AUDIO/TRANSCRIPT REQUESTED Specify portion(s) and date(s) of proceeding(s):

| PORTION(S) | PORTION(S) |
|---|---|
| (x) ENTIRE HEARING | [ ] TESTIMONY (SPECIFY WITNESS) |
| [ ] OPENING STATEMENT (PLAINTIFF) | |
| [ ] OPENING STATEMENT (DEFENDANT) | |
| [ ] CLOSING ARGUMENT (PLAINTIFF) | [ ] VOIR DIRE |
| [ ] CLOSING ARGUMENT (DEFENDANT) | [ ] OTHER (SPECIFY) |
| [ ] COURT RULING ONLY | |

CERTIFICATION

By signing 17. & 18, I certify that I will pay all charges (deposit plus additional as specified by the assigned transcriber).

17. SIGNATURE: Deborah Deitsch-Perez

18. DATE: 06/23/2026

**COURT USE ONLY**

| A. PROCESSED BY: | B. TRANSCRIPT TO BE PREPARED BY: |
|---|---|
| PHONE NUMBER: | ADDRESS: |
| EMAIL ADDRESS: | TELEPHONE: EMAIL ADDRESS: |

| C. PARTY RECEIVED AUDIO: | DATE: | BY: | $34 FEE PAID: |
|---|---|---|---|

**DISTRIBUTION:** COURT COPY ORDER RECEIPT ORDER COPY