UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

CIVIL APPEAL TRANSCRIPT INFORMATION (FORM D)

NOTICE TO COUNSEL: COUNSEL FOR THE APPELLANT MUST FILE THIS FORM WITH THE CLERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL.

THIS SECTION MUST BE COMPLETED BY COUNSEL FOR APPELLANT		
CASE TITLE	DISTRICT	DOCKET NUMBER
	JUDGE	APPELLANT
	COURT REPORTER	COUNSEL FOR APPELLANT
Check the applicable provision: I am ordering a transcript. I am not ordering a transcript Reason for not ordering a transcript: Copy is already available No transcribed proceedings Other (Specify in the space below)	PROVIDE A DESCRIPTION, INCLUDING DATES, OF THE PROCEEDINGS FOR WHICH A TRANSCRIPT IS REQUIRED (<i>i.e.</i> , oral argument, order from the bench, etc.) : METHOD OF PAYMENT Image: Second Secon	
INSTRUCTIONS TO COURT REPORTER: PREPARE TRANSCRIPT OF PRE-TRIAL PROCEEDINGS PREPARE TRANSCRIPT OF TRIAL PREPARE TRANSCRIPT OF OTHER POST-TRIAL PROCEEDINGS OTHER (Specify in the space below):	DELIVER TRANSCRIPT TO: (COUNS	EL'S NAME, ADDRESS, TELEPHONE)
I certify that I have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. <i>See</i> FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.		
COUNSEL'S SIGNATURE	DATE	
COURT REPORTER ACKNOWLEDGMENT: This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.		
DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES
SIGNATURE OF COURT REPORTED		DATE