

PART I – Must be completed by party or party’s attorney pursuant to Rule 10(b) of the Federal Rules of Appellate Procedure and Rule 11(a) of the Circuit Rules. The appellant must file this form with the court reporter within 14 days of filing the notice of appeal, whether transcript is being ordered or not. (FRAP 10(b)(1)) Satisfactory arrangements with the court reporter for payment of the costs of the transcripts must also be made at that time. (FRAP 10(b)(4)) (Note: Appellees as well as appellants are expected to use this form when ordering transcripts.)

Short Title Oneida Seven Generations Corporation, et al. v. City of Green Bay	District Eastern District of Wisconsin	D.C. Docket No. 1:16-cv-01700
	District Judge William C. Griesbach	Court Reporter N/A

<input type="checkbox"/> I am ordering transcript. <input checked="" type="checkbox"/> I am not ordering transcript because: The matter was determined on motion without a hearing. <input type="checkbox"/> The transcript has been prepared.	Sign below and return original and one copy to court reporter. Distribute remaining copies to the Clerk of the District Court and opposing party, retaining one copy for yourself.
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Indicate proceedings for which transcript is required. Dates must be provided:	Date(s)
<input type="checkbox"/> Pretrial proceedings. Specify: _____	_____
<input type="checkbox"/> Voir Dire	_____
Trial or Hearing. Specify: _____	_____
<input type="checkbox"/> Opening statement	_____
<input type="checkbox"/> Instruction conference	_____
<input type="checkbox"/> Closing statements	_____
<input type="checkbox"/> Court instructions	_____
<input type="checkbox"/> Post-trial proceedings. Specify: _____	_____
<input type="checkbox"/> Sentencing	_____
<input type="checkbox"/> Other proceedings. Specify: _____	_____

Method of Payment: <input type="checkbox"/> Cash	<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> C.J.A. Voucher
Status of Payment: <input type="checkbox"/> Full Payment	<input type="checkbox"/> Partial Payment	<input type="checkbox"/> No Payment Yet

Signature: <u>s/ Michael B. Apfeld</u> Address: <u>833 East Michigan Street, Suite 1800</u> <u>Milwaukee, WI 53202-5615</u>	Telephone No. <u>414-273-3500</u> Date: <u>July 6, 2017</u>
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PART II – Must be completed by Court Reporter pursuant to Rule 11(b) of the Federal Rules of Appellate Procedure. By signing this Part II, the Court Reporter certifies that *satisfactory arrangements for payment have been made*.

U.S.C.A. Docket No.	Date Order Received	Estimated Completion Date	Estimated Length
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Signature of Court Reporter: S/ Date: _____

NOTICE: The Judicial Conference of the United States, by its resolution of March 11, 1982, has provided that a penalty of 10 percent must apply, unless a waiver is granted by the Court of Appeals’ Clerk, when a “transcript of a case on appeal is not delivered within 30 days of the date ordered and payment received therefor.” The penalty is 20 percent for transcript not delivered within 60 days.



CERTIFICATE OF SERVICE

Certificate of Service When All Case Participants Are CM/ECF Participants

I hereby certify that on July 6, 2017, I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Seventh Circuit by using the CM/ECF system. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

s/ Michael B. Apfeld



CERTIFICATE OF SERVICE

Certificate of Service When Not All Case Participants Are CM/ECF Participants

I hereby certify that on _____, I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Seventh Circuit by using the CM/ECF system.

Participants in the case who are registered CM/ECF users will be served by the CM/ECF system.

I further certify that some of the participants in the case are not CM/ECF users. I have mailed the foregoing document by First-Class Mail, postage prepaid, or have dispatched it to a third-party commercial carrier for delivery within 3 calendar days, to the following non-CM/ECF participants:

counsel / party:

address:

s/ _____