IN THE SUPREME COURT OF THE STATE OF NEVADA

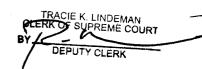
FRANK MILFORD PECK,
Appellant,
vs.
VALLEY HOSPITAL MEDICAL
CENTER; DAVID R. ZIPF, M.D.; AND
MICHAEL D. BARNUM, M.D.,
Respondents.

Supreme Court No. 68664
District Court No. A708447
Due Date: September 04, 2015

FILED

SEP 0 8 2015

CIVIL PROPER PERSON TRANSCRIPT REQUEST FORM



Frank Milford Peck Inmate ID: 57106 HDSP P.O. Box 650 Indian Springs NV 89070

Appellant in Proper Person

R. Douglas Kurdziel, David J. Mortensen/Alverson Taylor Mortensen & Sanders 7401 W. Charleston Blvd. Las Vegas, NV 89117-1401 Attorneys For Respondent

Michael D. Barnum, M.D. *Respondent*

Kirill V. Mikhaylov/Hall Prangle & Schoonveld, LLC/Las Vegas Rainbow Corporate Center 1160 N. Town Center Dr., Ste. 200 Las Vegas, NV 89144 Attorney For Respondent

 $\begin{tabular}{ll} Walley Hospital Medical Center \\ {\it Respondent} \end{tabular}$

Arthur W. Tuverson, Danielle Woodrum/Law Offices of Arthur W. Tuverson 7201 W. Lake Mead Blvd. Ste. 570 Las Vegas, NV 89128 Attorneys For Respondent

David R. Zipf, M.D. Respondent



15-27032

Supreme Court of Nevada 201 South Carson Street Carson City, Nevada 89701-4702 Telephone: (775) 684-1600

You may file this completed form in person or by mail. You must file the original form and 1 copy with the Clerk of the Nevada Supreme Court. If you want the clerk to return a file-stamped copy of your form, you must file the original form and 2 copies and include a self-addressed, stamped envelope. Forms cannot be faxed or e-mailed to the Supreme Court Clerk's Office.

If you file this form, copies of the completed form must also be mailed or delivered to all other parties to this appeal or to the parties' attorneys, if they have attorneys.

NOTE: A court reporter has 30 days to prepare and deliver to the district court the transcripts that you have requested and paid for. If the transcripts are not filed on time, and you have paid the required amount for the transcripts, you may request the Nevada Supreme Court to direct the court reporter to prepare the transcripts. If you request the Nevada Supreme Court to help you get the transcripts, then you must attach proof that you have paid for the transcripts.

REQUEST FOR TRANSCRIPT OF DISTRICT COURT HEARING OR TRIAL

TO: Sara Richard	sov
Court Reporter Name	
Appellant requests preparation o	of a transcript of the proceedings before the
district court, as follows:	
Judge or officer hearing the trial of	or hearing: Douglas W. Herndon
Date(s)of trial or hearing: 5 2.18,1	4.20.18 12.18 9.218 9.218
Portions of the transcript requeste	
1	
Number of copies required:	
	Frank M. Peck
	Name of person requesting transcripts
	HDSP Box 650
	Address
	Telephone number
	rerephone number
CER	RTIFICATION
I certify that on this	date I ordered these transcripts from the
court reporter(s) named above by	mailing or delivering this form to the court
reporter(s) and I padd the required	d deposit.
Prose	Signature Signature
	82715
· · · · · · · · · · · · · · · · · · ·	Date

CERTIFICATE OF SERVICE

I certify that on the date indicated below, I served a copy of this	
completed transcript request form upon the court reporter(s) and all parties	
to the appeal:	
By personally serving it upon him/her; or	
By mailing it by first class mail with sufficient postage prepaid to	
the following address(es) (list names and address(es) of parties served	
by mail):	
& EIECTRONIC SERVICE VIA Clerk of the	
NEFCR rules 9 (b) i(C) on the registered parties	
D Albersontaylor.com, i a) hpslaw.com	
DATED this 27th day of August, 2015	٠
Signature	
Frank M. Peck Print Name	
HDSP Box 650 Address	
City/State/Zip	ر ر
Telephone	

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11	IN FORMA PAUPERIS	
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13	I, hereby certify that the Petitioner named herei	in above has the sum of \$ 68.23 on account
14		further certify that the Petitioner likewise has the
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10	6 \$225,00	
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1	DATED: this 30 day of July 20	5000
	ASE EXCUTE A	TOTAL DEPARTMENT SE CORRECTIONS
FINANCIA	AL CERTIFICATE FOR:	EVADA DEPARTMENT OF CORRECTIONS MATE SERVICES ACCOUNTANT OR
IM: Fran	k M. PECK	CUTHORIZED OFFICER IF FACILITY
BAC# 57106	HOUSING 7 A 14	
DATE 7 /7		· · · · · · · · · · · · · · · · · · ·
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REQUESTING	PIMATE XX TIGNATURE	
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RECEIVING INMATE - SIGNATURE / DATE