

IN THE SUPREME COURT OF THE STATE OF NEVADA

BRYAN MICHAEL FERGASON

Appellant,

vs.

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

Respondent.

Supreme Court No. 74411

District Court No. 07AS37416

FILED

NOV 21 2017

ELIZABETH A. BROWN
CLERK OF SUPREME COURT
BY [Signature]
DEPUTY CLERK

TO: _____

Court Reporter Name

Bryan Michael Ferguson requests preparation of a transcript of the proceedings before the district court, as follows:

Judge or officer hearing the trial or hearing: Hon. Douglas Smith - Dept 8 Clark County, NV

Date(s) of trial or hearing: April 19, 2016 (Renewed MSJ); June 28, 2016 (cont. hearing); Oct 18, 2016

(cont. hearing); Feb 7, 2017 (cont. hearing); March 7, 2017 (hearing granting MSJ); April 17, 2017 (reconsideration); May 15, 2017 (mot. Atty Fees/costs).

Portions of the transcript requested: All of the seven (7) above listed hearing transcripts. All contain

Rulings and decisions leading to the March 7, 2017 granting of the renewed motion for Summary Judgment.

Number of copies required: 2

Bryan Michael Ferguson

Name of person requesting transcripts

HDSP / P.O. Box 650

Address

Indian Springs, NV 89070

City/State/Zip

NONE - Incarcerated

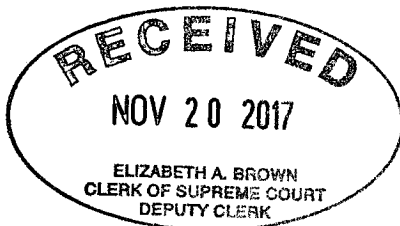
Telephone number

CERTIFICATION

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 paid the required deposit.

[Signature]
Signature

11-15-17
Date



17-40205

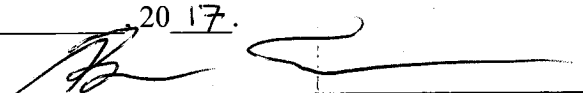
CERTIFICATION

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):

Adele V. Karoun, Esq.
10001 Park Run Drive
Las Vegas, NV 89145
Lead counsel for Plaintiff, LUMPA.

DATED this 15 day of November 20 17.



Signature

Bryan Ferguson #96803

Print Name

HOSP / P.O. Box 650

Address

Indian Springs, NV 89070

City/State/Zip

None - Incorporated

Telephone number