

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
Put an X in the box

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP
ATTACHMENT
MAIL

X

SUPPLIER NUMBER
77182

SUPPLIER NAME
COURT CALL LLC

ADDRESS
6383 ARIZONA CIRCLE

CITY
LOS ANGELES

STATE
CA

ZIP
90045

CITY ATTORNEY
05/30/13

AGENCY/DEPARTMENT
DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY
X3602

PHONE NUMBER (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

BATCH NUMBER

BATCH DATE

INPUT/AUDITED BY:

TOTAL INVOICE
AMOUNT

~~578.00~~
\$156.00

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	05/30/13	X03873-5619618	05/29/13	78.00		78.00	1100	90321	54521		IP51
2	5/31/13	28644-561186	5/31/13	78.00		78.00	1100	10110	54521		IP51
3											
4											
5											
6											
7											
8											
9											
Invoice Total				156.00		156.00					
COURT CONFERENCE (PLEASE ISSUE SEPARATE CHECK)				78.00		78.00					
Amount Total											

ORIGINAL INVOICE(S) MUST BE ATTACHED

OAKLAND CITY ATTORNEY'S OFFICE

CHECK REQUEST

DATE NEEDED: ASAP
ALLOW (7) WORKING DAYS)

PAY TO THE ORDER OF: COURTCALL (Tax ID# 94-4568415)

AMOUNT: Seventy-Eight Dollars and no/cents (\$78.00)

DELIVERY PROCEDURE:

 MAIL TO PICK UP BY XXX RETURN TO (AMR/WW)

(NAME)

COURTCALL

6383 Arizona Circle – Los Angeles, CA 90045

ID#

(STREET)

CITY, STATE, ZIP

CASE NAME: Arsalai, et al. v. City of Oakland, et al.

OUR FILE #: 28044

OUR CLAIM #:

Please Check Appropriate Box

 Witness Fees

 Settlement (Include responsible dept.)

 Prof. Service

 Depos/Transcripts/Medical Records, etc.

 Judgment (Include responsible dept.)

 SEMINAR REGISTRATION

Name of Seminar

Date of Conference

Staff to Attend

XXX OTHER Telephonic Appearance for CMC Hearing for 7/12/13

PLEASE NOTE:

- Accounting requires that all check requests must be accomplished by a bill or some other substantiating documents.
- Settlement, Arbitration Awards and Judgment must be accompanied by a Resolution signed by the City Clerk's Office, or a Court Order signed by a Judge.

AUTHORIZATION BLOCK

STAFF MEMBER REQUESTING CHECK

5-31-13
DATE

DIVISION HEAD

DATE

ATTORNEY OF RECORD: Arlene M. Rosen Firm: Office of the City Attorney Tel: (510) 238-6392 Fax: (510) 238-6500 State Bar No. <u>100160</u> ATTORNEY FOR (Name): Defendant(s), City of Oakland	DO NOT FILE WITH COURT COMPLETELY FILL OUT/CORRECT FORM BEFORE SUBMITTING TO COURTCALL CourtCall ID #: 5641966
Alameda County Superior Court-Oakland	
Case Name: Aarsalai vs. City of Oakland <u>The Court will deny this request to appear by CourtCall unless you file a CMC Statement with the Court by the date stated on the CMC Order or 15 days before the conference, if it is an initial CMC. Visit www.alameda.courts.ca.gov/courts/ and click 'Rulings and CMC Orders' for the Tentative CMC Order. Notify CourtCall in writing of changes BEFORE the appearance.</u>	CASE NUMBER: RG11565214 JUDGE/DEPT: 19/Judge Gail Bereola DATE/TIME: Friday, July 12th, 2013 at 9:00 AM PT PROCEEDING: Case Management Conference
REQUEST FOR COURTCALL TELEPHONIC APPEARANCE	Our Tax ID#: 95-4568415

1. ARLENE ROSEN (Name of specific attorney appearing telephonically) requests a CourtCall telephonic calendar appearance at the above referenced proceeding and agrees to provisions of the Rule/Order/Procedure Re: CourtCall Telephonic Appearances. I UNDERSTAND THAT I DIAL INTO THE CALL FIVE MINUTES BEFORE ITS SCHEDULED START TIME. COURTCALL DOES NOT DIAL OUT TO ME.
2. Not less than 3 Court days (Court holidays/weekends excepted) or 4:00 PM on the Court day prior to the hearing if the department posts tentative rulings, a copy of this document was served on all other parties and faxed or emailed to CourtCall at (888) 883-2946 or requestform@courtcall.com.
3. The CourtCall Appearance fee is: **\$78.00** and payment must be received by CourtCall no later than **July 9th, 2013**. If accepted after this date, an additional fee of **\$30.00** will apply.
4. **Payment options**

Phone/Online: To receive immediate confirmation, call our Customer Service department at (888) 882-6878 or log in online at www.courtcall.com to make payment. We accept VISA, Mastercard, Discover, American Express and CourtCall Debit Accounts.

Check: Company checks are also accepted by first providing your check number to a representative, entering it online or by faxing or emailing a copy of your completed check, with a copy of this Request Form to (888) 883-2946 or requestform@courtcall.com. Once you have received your confirmation, mail your original check, payable to CourtCall, LLC, 6383 Arizona Circle, Los Angeles, CA 90045, with your CourtCall ID number written in the memo section of your check. **Please note: Personal checks are not accepted.**
5. It is the participant's (or scheduling party's) responsibility to notify CourtCall of any continuance or cancellation prior to the scheduled hearing time to have any previously paid fees applied to the continued hearing or to be eligible for a refund, as the Court will not notify CourtCall of any continuance or cancellation of your matter. Matters continued at the time of the hearing must be rescheduled and a new fee will apply. To continue or cancel your confirmed CourtCall Telephonic Appearance, call (888) 882-6878 prior to the scheduled appearance time.
6. Request forms are processed within 24 hours of receipt. Call CourtCall if you do not receive a faxed Confirmation within 24 hours. **WITHOUT A WRITTEN CONFIRMATION YOU ARE NOT ON THE COURTCALL CALENDAR AND MAY BE PRECLUDED FROM APPEARING TELEPHONICALLY. COURTCALL'S LIABILITY CONCERNING THIS TELEPHONIC APPEARANCE IS LIMITED TO THE FEE PAID TO COURTCALL.**

MY SIGNATURE ON THIS DOCUMENT SERVES AS CONSENT FOR COURTCALL TO CONTINUE TO FAX (AT THE FAX NUMBER LISTED ABOVE UNDER "ATTORNEY OF RECORD") OR EMAIL NOTICES TO ME OR MY FIRM ADVISING OF UPCOMING APPEARANCES AND/OR OTHER OFFERINGS FROM COURTCALL UNTIL I OR MY FIRM ADVISES COURTCALL OTHERWISE.

Date: 5-31-13

Signature: [Signature]

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP

ATTACHMENT

MAIL

Fiscal Year

City of Oakland
DIRECT PAYMENT REQUEST

SUPPLIER NUMBER
22445

SUPPLIER NAME
A. MAGGI SAUNDERS & ASSOCIATES

ADDRESS
57 PLYMOUTH AVE.

CITY, STATE, ZIP
MILL VALLEY, CA 94941

BATCH NUMBER	
BATCH DATE	
INPUT/AUDITED BY	
TOTAL INVOICE AMOUNT	\$967.00

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

CITY ATTORNEY

05/30/13

AGENCY/DEPARTMENT

DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

X3602

PHONE NUMBER (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

Michael Fung
AUTHORIZATION SIGNATURE AND DATE (REQUIRED)
5/31/13

PHONE NUMBER (REQUIRED)												
PRINTED NAME OF AUTHORIZATION SIGNATURE												
#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number	Description (50 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	05/30/13	13033	05/20/13	967.00			967.00	1100	101110	54513		PS01
2												
3												
4												
5												
6												
7												
DETAILED DESCRIPTION				Invoice Total	967.00		Amount Total	967.00				



A. Maggi Saunders & Associates
Certified Shorthand Reporters

57 Plymouth Avenue
Mill Valley, California 94941
(415) 383-6281 and Facsimile

A. Maggi Saunders, C.S.R.
License No. 2755
YAM 610N

To:

Office of the City Attorney, City of Oakland
One Frank Ogawa Plaza, 6th Floor
Oakland, California 94612

Invoice No.: 13033
Date: May 20, 2013

ATTN.: ARLENE ROSEN, DEPUTY CITY ATTORNEY

RE: MOHAMMED ARSAISI, ET AL., VS. COUNTY OF ALAMEDA, ET AL.,
Alameda County Superior Court, No. RG11565214

TAKEN: Tuesday, April 30, 2013

Deposition of:



One certified copy
Reporter's certificate
No exhibits marked
Condensed transcript
Delivery

\$ 857.00
15.00
*00
75.00
20.00

\$ 967.00

THANK YOU.

PAYMENT DUE ON RECEIPT.



Superior Court of California, County of Alameda
Hayward Hall of Justice
24405 Amador Street
Hayward, CA 94544

Receipt Nbr: 425354
Clerk: rcase
Date: 05/15/2013

Type	Case Number	Description	Amount
Service	RG11565214	14 Fax Filing Page(s)	\$14.00

Total Amount Due: \$14.00
Prior Payment:
Current Payment: \$14.00
Balance Due: \$.00
Overage:
Excess Fee:
Change:

Payment Method:
Cash:
Check:
Credit Card: \$14.00

✓

Last Name: Arslan, Mohammed

Case #: 28044

Dept: OPD



Superior Court of California, County of Alameda
Hayward Hall of Justice
24405 Amador Street
Hayward, CA 94544

Receipt Nbr: 423429
Clerk: aespinoza
Date: 05/03/2013

Type	Case Number	Description	Amount
Service	RG11565214	9 Fax Filing Page(s)	\$9.00

Total Amount Due: \$9.00
Prior Payment:
Current Payment: \$9.00
Balance Due: \$.00
Overage:
Excess Fee:
Change:

Payment Method:
Cash:
Check:
Credit Card: \$9.00

CI

Last Name: Arsalai
Case #: 28044
Dept.: OPD

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

X

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP
ATTACHMENT
MAIL

City of Oakland
DIRECT PAYMENT REQUEST

SUPPLIER NUMBER 61394
ONE HOUR DELIVERY

1280 BOULEVARD WAY # 205

WALNUT CREEK

CA

ZIP 94595

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

CITY ATTORNEY

05/03/13

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

PHONE NUMBER (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

6/1/11

Line #	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	05/03/13	205990	04/27/13	507.48	<u>\$47.88</u>						
2						346.74	1100	90321	54518		IP51
3						160.74	1100	101110	54518		PS01
4											
5											
6											
7											
8											
9											

DETAILED DESCRIPTION

COURIER SERVICES

Amount Total 507.48

BATCH NUMBER

BATCH DATE

INPUT/AUDITED BY:

TOTAL INVOICE AMOUNT \$507.48

ORIGINAL INVOICE(S) MUST BE ATTACHED



One Hour Delivery Service
1280 Boulevard Way #205
Walnut Creek, CA 94595
(888)311-1221

Invoice

Customer Number	382960
Invoice Number	205990
Invoice Date	4/27/2013
Invoice Period	4/21/2013-4/27/2013
Invoice Amount	\$507.48

AUTHORIZATION BLOCK	
CASE#	TYPE OF SERVICE
<i>16a.74</i>	<i>346.74</i>
ATTY./INVEST./L.A.	DATE
<i>5/2/13</i>	
DIVISION HEAD	DATE

Michael Fung
City Attorney's Office
1 Frank H Ogawa Plz
Oakland CA 94612-1999

Please Remit to
One Hour Delivery Service
1280 Boulevard Way #205
Walnut Creek, CA 94595

You may make payment using the following credit cards:

____ Visa ____ MasterCard ____ Amex
Account No.

Exp. _____

Please detach here and return this portion with your remittance check



One Hour Delivery Service
1280 Boulevard Way #205
Walnut Creek, CA 94595
(888)311-1221

PAYMENT DUE UPON RECEIPT

Customer Number	382960	Invoice Date	4/27/2013
Invoice Number	205990	Invoice Amount	\$507.48

mm
907
On Demand

Date Ready
Order Type
Deliver Date

Order ID
Caller

Origin

Destination

References
Billing Group



One Hour Delivery Service
1280 Boulevard Way #205
Walnut Creek, CA 94595
(888)311-1221

Customer Number	382960
Invoice Number	205990
Invoice Date	4/27/2013

On Demand

Date Ready

Order Type

Deliver Date

Order ID

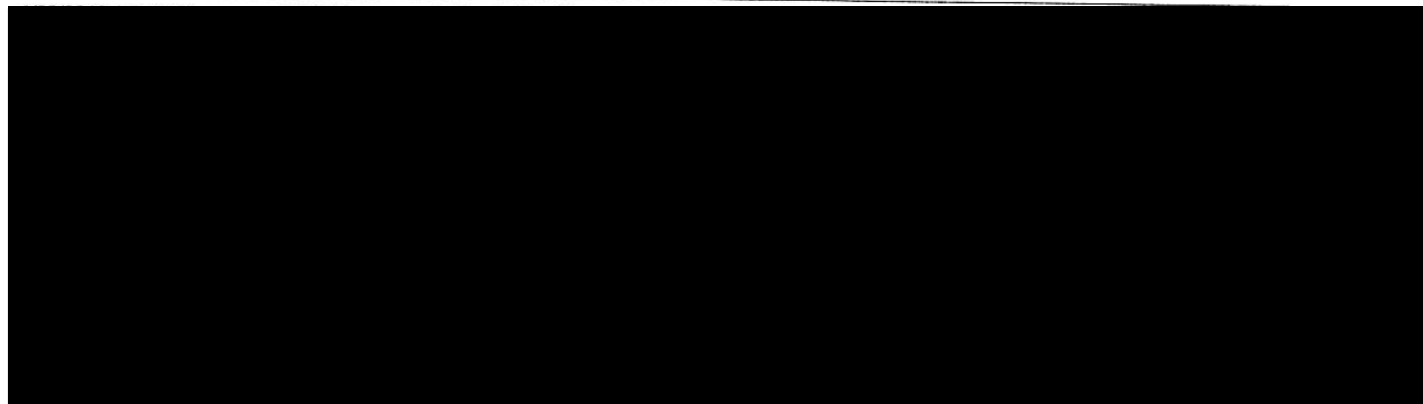
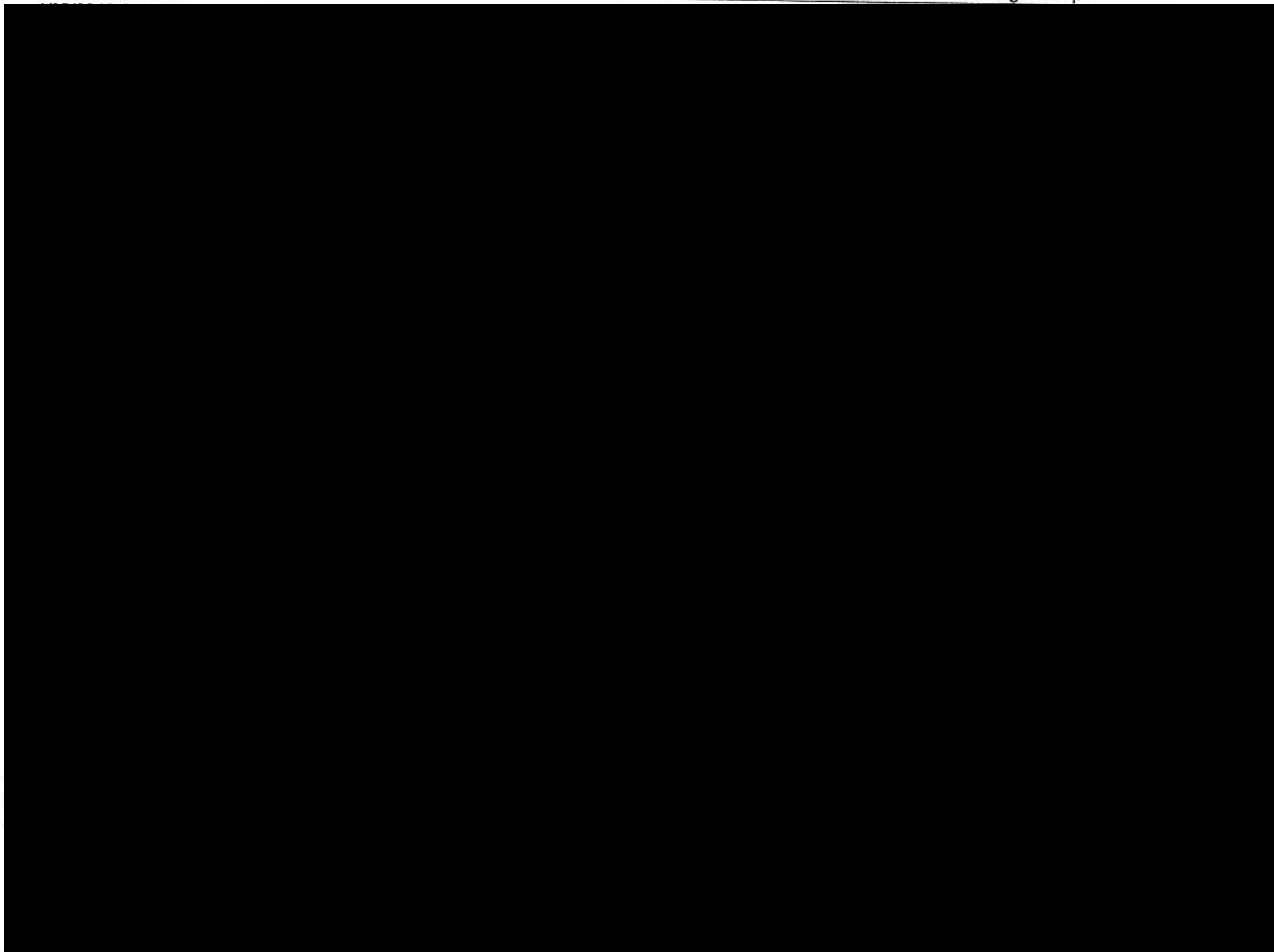
Caller

Origin

Destination

References

Billing Group





One Hour Delivery Service
1280 Boulevard Way #205
Walnut Creek, CA 94595
(888)311-1221

Customer Number
382960
Invoice Number
205990
Invoice Date
4/27/2013

On Demand

Date Ready

Order Type

Deliver Date

Order ID

Caller

Origin

Destination

References

Billing Group

4/26/2013 1:32 PM

Oakland Court Regular

4/26/2013 3:09 PM

382756

Audrey Hall

Oakland City Attorney

1 Frank H Ogawa Plaza 6th Floor

Oakland CA 94612

Ala Sup

1221 Oak St

Oakland CA 94612-4222

28044 AMR

Oakland Court Regular

\$42.00

Fuel Surcharge

\$5.88

POD: Dept Clerk

Order Total:

\$47.88

✓ 27/13

On Demand Totals:

\$507.48

Customer Total:

\$507.48

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

X

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP
ATTACHMENT
MAIL

City of Oakland
DIRECT PAYMENT REQUEST

SUPPLIER NUMBER
23629

SUPPLIER NAME
BOORNAZIAN, JENSEN & GARTHE

PO BOX 12925

OAKLAND

CA

ZIP 94604

ADDRESS
CITY
STATE

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN
DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

CITY ATTORNEY

05/03/13

AGENCY/DEPARTMENT

DATE

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PHONE NUMBER (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

PHONE NUMBER (REQUIRED)

Boorne J. Staden - Attorney

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	05/03/13	28044-041613B	04/16/13	2,266.37		2,266.37	1100	101110	54513		PS01
2											
3											
4											
5											
6											
7											
8											
9											

DETAILED DESCRIPTION

Invoice Total 2,266.37

REIM-DEPOSITION/TRANSCRIPTS

Amount Total

2,266.37

ORIGINAL INVOICE(S) MUST BE ATTACHED

**Boornazian,
Jensen &
Garthe**

A Professional Corporation

Jill P. Sazama
jsazama@bjg.com

April 16, 2013

555 12th Street, Suite 1800
Oakland, CA 94607
Telephone: 510.834.4350
Facsimile: 510.839.1897
Website: www.bjg.com

Mailing Address
P.O. Box 12925
Oakland, CA 94604-2925

Arlene M. Rosen, Senior Deputy City Atty.
Oakland City Attorney Office
One Frank H. Ogawa Plaza, 6th Floor
Oakland, CA 94612

Re: *Arsalai, et al. v. City of Oakland, County of Alameda, et al.*
Alameda Superior Court Case No. RG11565214
Our File No.: RISK 26739

AUTHORIZATION BLOCK	
28044	
CASE#	TYPE OF SERVICE
28044	4/18/13
ATTY./INVEST./L.A.	DATE
DIVISION HEAD	DATE

Dear Ms. Rosen:

Enclosed are the following deposition invoices received from Pizzotti & Jarnagin:

Inv. #90920	\$ 506.00	Depo. Transcript of [REDACTED]	Date: 3-7-13
Inv. #90917	\$ 439.50	Depo. Transcript of [REDACTED] Vol. II	Date: 3-15-13
Inv. #90919	\$ 743.00	Depo. Transcript of [REDACTED] Lo and Depo. Transcript of [REDACTED]	Date: 3-13-13
Inv. #90921	\$ 382.75	Depo. Transcript of [REDACTED]	Date: 3-18-13
Inv. #90934	\$ 630.50	Depo. Transcript of [REDACTED] and Depo Transcript of [REDACTED]	Date: 3-14-13
Inv. #90930	\$ 602.00	Depo Transcript of [REDACTED]	Date: 3-11-13
Inv. #90931	\$ 638.00	Depo Transcript of [REDACTED]	Date: 3-19-13
Inv. #90938	\$ 591.00	Depo Transcript of [REDACTED]	Date: 3-20-13
TOTAL	\$4,532.75		

50% TO BE PAID BY THE CITY = \$2,266.38 \$4,532.75
PAID < 2,266.38 >
BALANCE DUE \$2,266.37

Arlene M. Rosen, Esq.
Oakland City Attorney
Our File: 26739
Page 2

Our office will be paying these invoices directly to Pizzotti & Jarnagin and would ask that you please forward your check in the sum of \$4,532.75, payable to Boornazian, Jensen & Garthe, 555 12th Street, 18th Floor, Oakland, CA, referencing our file number 26739.

Thank you for your attention to this matter.

Very truly yours,

BOORNAZIAN, JENSEN & GARTHE

Jill Sazama

Jill P. Sazama

JPS/ck
Enclosures
26739\613450

MAR 28 2013
GJR-26734
ALL AM

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

INVOICE ✓

Invoice No.	Invoice Date	Job No.
90920	3/25/2013	27930
Job Date	Case No.	
3/7/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

1 CERTIFIED COPY OF TRANSCRIPT OF:

Condensed & Index
Delivery Copy

494.00
12.00

TOTAL DUE >>> \$506.00

Ordered By : Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

CITY OF OAK - INV.

Fax ID: 94-2919938

Please detach bottom portion and return with payment.

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

APPROVED _____ / _____
DATE _____

Job No. : 27930 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda
Invoice No. : 90920 Invoice Date : 3/25/2013
Total Due : \$ 506.00

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____

mit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

INVOICE

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

Invoice No.	Invoice Date	Job No.
90917	3/25/2013	27973
Job Date	Case No.	
3/15/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

1 CERTIFIED COPY OF TRANSCRIPT OF:

Vol. II

Exhibit

Condensed & Index

Delivery Copy

32.00 Pages

411.50

16.00

12.00

TOTAL DUE >>>

\$439.50

Ordered By : Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

CITY OF OAK - INV.

Tax ID: 94-2919938

Please detach bottom portion and return with payment.

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

Job No. : 27973 BU ID : 1-MAIN

Case No. : RG11565214

Case Name : Arsalai vs. County of Alameda

Invoice No. : 90917 Invoice Date : 3/25/2013

Total Due : \$439.50

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

Remit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

MAR 28 2013
GJR 26739
ALLAM

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

INVOICE

Invoice No.	Invoice Date	Job No.
90919	3/25/2013	27933
Job Date	Case No.	
3/13/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

1 CERTIFIED COPY OF TRANSCRIPT OF:

Condensed & Index

354.50
12.00

1 CERTIFIED COPY OF TRANSCRIPT OF:

Condensed & Index
Delivery Copy

364.50
12.00

TOTAL DUE >>> \$743.00

Ordered By : Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

CITY OF OAK - INV.

Fax ID: 94-2919938

Please detach bottom portion and return with payment.

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

APPROVED PS
DATE 3/28/13

Job No. : 27933 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda
Invoice No. : 90919 Invoice Date : 3/25/2013
Total Due : \$ 743.00

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____

Submit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

INVOICE

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone:925-416-1800 Fax:925-416-0971

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

Invoice No.	Invoice Date	Job No.
90921	3/25/2013	27936
Job Date	Case No.	
3/18/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

1 CERTIFIED COPY OF TRANSCRIPT OF:

Exhibit

370.25

Condensed & Index

0.50

Delivery Copy

12.00

Picture Copies

TOTAL DUE >>>

\$382.75

Ordered By : Arlene M. Rosen
Oakland City Attorneys
One Frank Ogawa Plaza
6th Floor
Oakland, CA 94612

Thank You! We appreciate your business.
Please call if you have any questions or any further court reporting needs.

CITY OF OAK - INV.

Tax ID: 94-2919938

Please detach bottom portion and return with payment.

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

Job No. : 27936 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

Invoice No. : 90921 Invoice Date : 3/25/2013
Total Due : \$382.75

Remit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Cardholder's Signature: _____

APR 01 2013

GJR 26739

ACCLAM

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone:925-416-1800 Fax:925-416-0971

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

INVOICE

Invoice No.	Invoice Date	Job No.
90934	3/27/2013	27972
Job Date	Case No.	
3/14/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

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Exhibit

3.00 Pages

271.50

Condensed & Index

1.50

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12.00

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2.00 Pages

332.50

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TOTAL DUE >>>

\$630.50

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Oakland, CA 94612

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555 - 12th Street
Suite 1800
Oakland, CA 94607

APPROVED JS /
DATE 4/2/13

Job No. : 27972 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

Invoice No. : 90934 Invoice Date : 3/27/2013
Total Due : \$ 630.50

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____

Card Number: _____

Exp. Date: _____ Phone#: _____

Billing Address: _____

Zip: _____ Card Security Code: _____

Amount to Charge: _____

Remit To: Pizzotti & Jarnagin
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Suite 298
Pleasanton, CA 94588

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INVOICE

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

Invoice No.	Invoice Date	Job No.
90930	3/27/2013	27873
Job Date	Case No.	
3/11/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Jill P. Sazama
Boornazian, Jensen & Garthe
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Suite 1800
Oakland, CA 94607

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17.00 Pages

581.50

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12.00

TOTAL DUE >>>

\$602.00

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Jill P. Sazama
Boornazian, Jensen & Garthe
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Suite 1800
Oakland, CA 94607

Job No. : 27873 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

APPROVED JSP /
DATE 4/2/13

Invoice No. : 90930 Invoice Date : 3/27/2013
Total Due : \$ 602.00

PAYMENT WITH CREDIT CARD



Cardholder's Name:

Card Number:

Exp. Date:

Phone#:

Billing Address:

Zip:

Card Security Code:

Amount to Charge:

Remit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

APR 01 2013
GJR 2739
ACCLAM

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone:925-416-1800 Fax:925-416-0971

INVOICE

Invoice No.	Invoice Date	Job No.
90931	3/27/2013	27937
Job Date	Case No.	
3/19/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

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584.00
84.00 Pages 42.00
12.00
52.00
TOTAL DUE >>> \$638.00

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Tax ID: 94-2919938

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Suite 1800
Oakland, CA 94607

Job No. : 27937 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda
Invoice No. : 90931 Invoice Date : 3/27/2013
Total Due : \$ 638.00

APPROVED

DATE

4/2/13

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____

emit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

APR 01 2013
GJR-26739
ACCLAM

INVOICE ✓

Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588
Phone: 925-416-1800 Fax: 925-416-0971

Invoice No.	Invoice Date	Job No.
90938	3/28/2013	27938
Job Date	Case No.	
3/20/2013	RG11565214	
Case Name		
Arsalai vs. County of Alameda		
Payment Terms		
Due upon receipt		

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

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579.00
12.00

TOTAL DUE >>> \$591.00

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CITY OF OAK - INV.

Tax ID: 94-2919938

Please detach bottom portion and return with payment.

Jill P. Sazama
Boornazian, Jensen & Garthe
555 - 12th Street
Suite 1800
Oakland, CA 94607

Job No. : 27938 BU ID : 1-MAIN
Case No. : RG11565214
Case Name : Arsalai vs. County of Alameda

Invoice No. : 90938 Invoice Date : 3/28/2013
Total Due : \$ 591.00

APPROVED JS
DATE 4/12/13

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____

Remit To: Pizzotti & Jarnagin
5776 Stoneridge Mall Road
Suite 298
Pleasanton, CA 94588

IF SUPPLIER IS SUBJECT TO
PROMPT PAYMENT
put an X in the box

X

IF INVOICE IS DISPUTED
put an X in the box

DISTRIBUTION (Check Box):

HOLD FOR PICKUP

X

ATTACHMENT

MAIL

SUPPLIER NUMBER

25696

QUEST DISCOVERY SERVICES

PO BOX 49051

SAN JOSE

CA

ZIP 95161

City of Oakland

DIRECT PAYMENT REQUEST

BATCH NUMBER

BATCH DATE

INPUT/AUDITED BY:

TOTAL INVOICE
AMOUNT

\$152.99

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN
DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

CITY ATTORNEY

AGENCY/DEPARTMENT

DATE

05/01/13

MICHAEL FUNG

PAYMENT REQUEST PREPARED BY

X3602

PHONE NUMBER (REQUIRED)

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE

Thomas J. Anderson - Attorney

#	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number and Description (95 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	05/01/13	SJS300601B	04/23/13	32.80		32.80	1100	101110	54515		PS01
2	05/01/13	SJS300600B	04/23/13	120.19		120.19	1100	101110	54515		PS01
3											
4											
5											
6											
7											
8											
9											

DETAILED DESCRIPTION

Invoice Total
152.99

Amount Total

152.99

ORIGINAL INVOICE(S) MUST BE ATTACHED



Invoice

P.O. BOX 49051
SAN JOSE, CA 95161-9051
(800) 800-6800
Fax (408) 441-7070
F.E.I.N. 75 752336

Quality • Uniformity • Excellence • Service • Teamwork

QUEST DISCOVERY SERVICES

Remittance Copy

<http://www.questds.com/>

Bill to:
OAK050

ATTN: BARBARA J. PARKER, ESQ.
CITY ATTORNEY'S OFFICE -
CITY OF OAKLAND
ONE CITY HALL PLAZA
FRANK H. OGAWA - SIXTH FLOOR
OAKLAND, CA 94612

Ordered by:

Invoice #: SJS300601B

Order Date: 04/18/13
Depo Date: 02/06/13
Invoice Date: 04/23/13
Case #: RG11565214
Date of Loss: 03/04/10
Client File #: 28044
Claim #:
Insured:

Pertaining to: MOHAMMED HARUN ARSALAI, ET AL. VS. COUNTY OF ALAMEDA, ET AL.
From: [REDACTED] DOB: [REDACTED] SSN: XXX-XX-[REDACTED]
ALAMEDA UNIFIED SCHOOL DISTRICT, 2060 CHALLENGER DRIVE ALAMEDA, CA 94501
ATTN: H.R & SPECIAL EDUCATION

CHARGES:

RETRIEVAL SERVICE CHARGE
"CERTIFICATE OF NO RECORDS"

10.00
10.00

Handwritten signature

AUTHORIZATION BLOCK	
CASE # 28044	TYPE OF SERVICE
AMR	4/29/13
ATTY INVEST / L.A.	DATE
DIVISION HEAD	DATE

Comments:

CUSTODIAN HAS PROVIDED THE ATTACHED CERTIFICATE OF NO RECORDS.
THANK YOU!

Gross: 25.00
Tax: .00
Shipping / Handling: 7.80

Total: 32.80

If invoices are not paid within 90 days, a \$20 late fee may be assessed monthly.

(Remittance Portion)

Quest Discovery Services
PO Box 49051
San Jose, CA 95161-9051

Invoice #: SJS300601B

Total Due: 32.80

Bill To: OAK050
Ship To:





Invoice

P.O. BOX 49051
SAN JOSE, CA 95161-9051
(800) 800-6800
Fax (408) 441-7070
F.E.I.N. 75-2652336

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QUEST DISCOVERY SERVICES

Remittance Copy

<http://www.questds.com/>

Bill to:
OAK050

ATTN: BARBARA J. PARKER, ESQ.
CITY ATTORNEY'S OFFICE -
CITY OF OAKLAND
ONE CITY HALL PLAZA
FRANK H. OGAWA - SIXTH FLOOR
OAKLAND, CA 94612

Ordered by:

Invoice #: SJS300600B

Order Date: 04/18/13

Depo Date: 02/06/13

Invoice Date: 04/23/13

Case #: RG11565214

Date of Loss: 03/04/10

Client File #: 28044

Claim #:

Insured:

Pertaining to: MOHAMMED HARUN ARSALAI, ET AL. VS. COUNTY OF ALAMEDA, ET AL.

From: [REDACTED] DOB: [REDACTED] SSN:XXX-XX-[REDACTED]
PROGRESSUS THERAPY, LLC, 1450 SUTTER ST., #528 SAN FRANCISCO, CA 94109 ATTN:
PERSONNEL & PAYROLL DEPT.

CHARGES:

PH02 106

BASIC CHARGE
RETRIEVAL SERVICE CHARGE
PHOTOSTAT(S)

36.00
25.00
40.28

AUTHORIZATION BLOCK	
28044	
CASE#	TYPE OF SERVICE
AMR	4/29/13
ATTY. INVEST. L.A.	DATE
DIVISION HEAD	DATE

Comments:
REQUESTED RECORDS ENCLOSED AS SPECIFIED.
THANK YOU!

Gross: 101.28
Tax: 9.46
Shipping / Handling: 9.45

Total: 120.19

Invoices are not paid within 90 days, a \$20 late fee may be assessed monthly.

(Remittance Portion)

Quest Discovery Services
PO Box 49051
San Jose, CA 95161-9051

Invoice #: SJS300600B

Total Due: 120.19

Bill To: OAK050
Ship To:





Superior Court of California, County of Alameda
Hayward Hall of Justice
24405 Amador Street
Hayward, CA 94544

Receipt Nbr: 422419
Clerk: aespinoza
Date: 04/29/2013

Type	Case Number	Description	Amount
Service	RG11565214	14 Fax Filing Page(s)	\$14.00

Total Amount Due: \$14.00
Prior Payment:
Current Payment: \$14.00
Balance Due: \$0.00
Overage:
Excess Fee:
Change:

Payment Method:
Cash:
Check:
Credit Card: \$14.00

CL✓

Last Name: Arslan

Case #: 28094

Dept.: OPD