

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
Oakland/San Francisco Divisions**

COPY REQUEST FORM

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PARTY INFORMATION:

Date of Request: _____ **Time of Request:** _____

Company/Firm Name: _____

Contact Name: _____

Address: _____

Telephone Number: _____

CASE INFORMATION:

Bankruptcy Case Number: _____ **Adversary Case Number:** _____

Case Name: _____

File retrieval: Open Closed FRC

Date	Document Number	Document Title	Paper or Electronic Document

(Additional Space on the reverse side)

Request for: Docket Sheet Claims Register
Copies: U.S. Mail (self-addressed stamped envelope or Fed-Ex Acct. No.)
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Pricing: Number of Pages: _____ Cost: _____

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