

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF CALIFORNIA**

**DOCUMENTATION FOR FILE**

**CASE NUMBER (If no ACCESS label affixed):** \_\_\_\_\_

**FEE PAYMENTS (Check all that apply):**

\_\_\_\_\_ **Filing fee.**

\_\_\_\_\_ **Installment payment.**

\_\_\_\_\_ **Other type, see label above.**

**MISSING OR INCORRECT FORMS:**

\_\_\_\_\_ **No Verification of Master Address List was provided - CMX label attached.**

**STATEMENT BY DEPUTY CLERK:**

**(attach additional page(s) if needed, to complete Statement by Deputy Clerk)**

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**By:** \_\_\_\_\_

**Deputy Clerk**