

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

Certified Copy Request Form

Date of Request:_____

Case Name:_____

Case Number:_____ Adversary Case Number:_____

Title of Document:_____

Filed Date:_____

Document Number (From Docket):_____ Number of Pages:_____

REQUESTING PARTY:

NOTE: The court will not certify partial documents.

Name:_____

Address:_____

City, State, Zip:_____

Phone Number:_____

**SELECT ONE OF THESE OPTIONS TO HAVE YOUR DOCUMENTS
MAILED:**

Mail to requester at address provided above

Mail to third party/entity at the following address

**SELECT ONE OF THESE OPTIONS TO PICK UP YOUR DOCUMENTS
AT A LOCAL OFFICE:**

Requesting Party will be notified at phone number listed above when document is ready for pickup.