

UNITED STATES BANKRUPTCY COURT
 EASTERN DISTRICT OF VIRGINIA
 OFFICE OF THE CLERK
 701 E. Broad St., Suite 4000
 Richmond, VA 23219

Date of Request _____

Name of Requestor _____

Case Name _____

Company _____

Case No. _____

Address _____

or

Adversary No. _____

Telephone No. (____) _____

COPY REQUEST FORM
 for Online (Electronic) and Paper-based Case Files¹, Certified Copies,
 or Government Agency Photocopies in paper-based Case Files

FEES: Search Fee

\$26.00 if request made other than in person

Copy Fee

\$.50 per page

Certified Copies. Identify document(s) to be certified: _____

\$9.00 per document plus \$.50 per page copy fee

Make check payable to **Clerk, U.S. Bankruptcy Court.** Amount Due \$ _____

Please submit this form to the Clerk's office. Document requests within **electronic cases** are normally completed and available for pickup after **10:00 a.m.** the next business day following the date of receipt of request together with payment of appropriate fees. Document requests in **non-electronic cases** will be processed and/or available for pickup within two business days following receipt of request if file is located at the court. If file is not available, you will be notified by telephone at the number listed above. **Please indicate under "Delivery Method" your preferred method for receiving these documents upon completion of your request by the Clerk's Office.**

DOCUMENT DESCRIPTION

<i>Please check (X) documents to copy:</i>	<u>DATE FILED</u>	<u>DOCKET #</u>	<u>NO. OF PAGES</u>
_____ Petition _____	_____	_____	_____
_____ Schedules _____	_____	_____	_____
_____ Statement of Financial Affairs _____	_____	_____	_____
_____ Notice of Meeting of Creditors (341 Notice) _____	_____	_____	_____
_____ Discharge _____	_____	_____	_____
_____ No Distribution Report _____	_____	_____	_____
_____ Order Closing Case _____	_____	_____	_____
_____ Plan _____	_____	_____	_____
_____ Petition Package _____	_____	_____	_____
(Statement of Financial Affairs & Schedules A – J)			
_____ Entire File _____	_____	_____	_____
_____ OTHER – Give Description: _____			

DELIVERY METHOD

Indicate how you want to receive the copies:

- Pick up** at Clerk's Office (If received at the Court by 2:00 p.m., it will be available the next business day by 10:00 a.m. *Requests not picked up within 10 days will be destroyed.*)
- Mail** it to the address provided above (A self-addressed, stamped envelope of adequate size and postage is attached to this request.)
- Overnight Service** (Federal Express or UPS package and pre-paid Air Bill is attached to this request.)

FOR OFFICE USE ONLY

Total # of copies _____ Amount Paid: _____ Date Paid: _____ Receipt #: _____
 Copy Fee \$ _____ Date Received: _____ Date Completed: _____

¹ **Richmond Electronic Case/Adversary Files: Before 2003, begin with a 6 or a 9. After 2003, begin with a 3 or a 4; i.e. YY-6XXXX.**