UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
OFFICE OF THE CLERK

Date of Request **[Date of Request]**

Case Name **[Name of Debtor(s)]**

Case No. **[Case No.]**

AP No. **[AP No.]**

Name of Requestor **[Name of Requesting Party]**

Address **[Street or P.O. Address]**

[City, State & Zip]

Telephone No. **[Telephone Number, incl. area code]**

Request for Certified Copies or Government Agency Photocopies

Check one: _____**Certified Copies.** ***Identify document(s) to be certified*:** **[Descr. of Document(s)]**
$9.00 per document plus $ .50 per page copy fee

_____***Search Fee -*** ***$26.00*** *if request made other than in person*

For the above items, make check payable to **Clerk, U.S. Bankruptcy Court.** **Amount Due $** **[Total Amount Due]**

The above document requests are normally completed and available for pickup after **10:00 a.m.** the next business day following the date of request. **Please indicate at the bottom of this form your preferred method for receiving these documents upon completion of your request by the Clerk's Office.**

[PHOTOCOPY REQUESTS FOR GOVERNMENT AGENCIES ONLY: *Will be processed within two business days following request]*

Document Description	Date Filed	Entry Number	Number of Pages
Petition			
Schedules			
Statement of Financial Affairs			
341 Meeting Notice			
Discharge			
No Distribution Report			
Chapter 13 Plan			

_____To be mailed. A self-addressed, stamped envelope of adequate size is attached to this request.

_____To be picked up at the Clerk's Office. ***Requests not picked up within 10 days will be destroyed.***

FOR OFFICE USE ONLY:
Date Requestor Notified:_____ Amount Paid: _____ Date Paid:_____

Date Mailed/Picked Up:_____

If picked up at Clerk's Office: Date Received: _____ Signature of Requestor/Agent:_____

[copyreqn ver. 11/1/03]