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

Date of Request [Date of Request]

Name of Requestor [Name of Requesting Party]

Case Name [Name of Debtor(s)]

Case No. [Case No.]

or

AP No. [AP No.]

Address [Street or P.O. Address]

[City, State & Zip]

Telephone No. ([AC]) [NO.]

COPY REQUEST FORM

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

FEES: **Search Fee**
$31.00 if request made other than in person

Copy Fee
$.50 per page

Certified Copies. ***Identify document(s) to be certified*:** [Area code & Telephone Number]
$11.00 per document plus $ .50 per page copy fee

Make check payable to **Clerk, U.S. Bankruptcy Court.** **Amount Due $** [Amount Due]

Please submit this form to the Clerk's office. If received at the Clerk's Office by 2:00 p.m., together with payment of appropriate fees, document requests within **electronic cases** are normally completed and available for pickup after **10:00 a.m.** the next business day. 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 below under "Delivery Method" your preferred method for receiving these documents upon completion of your request by the Clerk's Office.**

DOCUMENT DESCRIPTION

Please check (X) documents to copy: **DATE FILED** **DOCKET ENTRY#** **NO. OF PAGES**

_____ Petition _____

_____ Schedules _____
_____ Statement of Financial Affairs _____
_____ Notice of Meeting of Creditors (341 Notice) _____
_____ Discharge _____
_____ No Distribution Report _____
_____ Order Closing Case _____
_____ Chapter 13 Plan _____
_____ Petition Package _____
(Statement of Financial Affairs & Schedules A – J)
_____ Entire File _____
_____ OTHER – Give Description: _____

DELIVERY METHOD

☐ **Pick up** at Clerk's Office (*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 #: _____
Search Fee $ _____ Copy Fee $ _____ Certified Copy Fee $ _____
Date/Time Request Received: _____ Date Picked Up/Mailed: _____