

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

Date of Request _____

Name of Requestor _____

Case Name _____

Case No. _____

Address _____

or

AP No. _____

Telephone 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**
 \$32.00 if request made other than in person

Copy Fee
 \$.50 per page

Certified Copies. Identify document(s) to be certified: _____
 \$11.00 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. 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.**

<u>DOCUMENT DESCRIPTION</u>			
<i>Please check (X) documents to copy:</i>	<u>DATE FILED</u>	<u>DOCKET ENTRY#</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 _____	_____	_____	_____
_____ 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: _____