UNITED STATES DISTRICT COURT PUBLIC FILES REQUEST

Requestor's Full Name: _____

Firm/Company Name:

Business Address:

City: Room: _____ _____

State	Zin Codo	
State:	Zip Code:	

Daytime Telephone Number: Area Code () -

***TAKE SPECIAL NOTE: REMOVAL OF THIS FILE OR ANY OF ITS CONTENTS FROM THIS OFFICE CONSTITUTES A FELONY OFFENSE UNDER SECTION 2071 (a) OF TITLE 18 OF THE UNITED STATES CODE.

REQUESTOR'S SIGNATURE:

Ca	ise N	umber:
Тс	oday	s Date:
Vol		Of
Box		Of
	(A	ECK TYPE OF FILE REQUESTED. separate request form is required for ch file.) Case File Transcript/Deposition Docket Sheet
		Exhibits
		FOR INTERNAL USE clerk's initial

In

Out