

Regional Records Services - Pacific Region 1000 Commodore Drive San Bruno, California 94066-2350

REQUESTS BY MAIL OR FAX BANKRUPTCY CASE FILES ONLY

The Office of Regional Records Services in San Bruno, California, accepts mail/FAX requests for photocopies of personal bankruptcy case files, and forwards the photocopies to the requestor via U.S. Postal Service (USPS) or FAX. Requestors may obtain photocopies of either the ENTIRE CONTENTS of a case file, the PACKAGE of common documents, or specific REQUESTED DOCUMENTS from the docket sheet.

Please follow the 5 steps below to obtain certified or uncertified copies of bankruptcy case files:

| STEP 1 For each case PLEASE USE | , obtain the following info | ormation from the cou | rt where the case was filed and clos | ed. |
|--|--|--|--|-----|
| FRC ACCESSION NUMBER | AGENCY | BOX NUMBER | FRC LOCATION NUMBER | |
| CASE FILE NAME | | CASE FI | LE NUMBER | |
| STEP 2 Identify whet documents, o | her you want the ENTIR or specific REQUESTED | E CONTENTS of a content of a co | case file, the PACKAGE of commonths docket (please check ONE): | n |
| The ENTIRE CONT. case file and costs \$3 total. | ENTS of the case file. Th 5.00 for the first 70 page | nis option includes <u>AL</u> as and <u>\$.50 per page</u> t | L of the documents in the requested hereafter, not to exceed 200 pages | |
| below ONLY. All qu | aining commonly request estions concerning file cont of the PACKAGE is \$1 | intents should be direc | ption includes the documents listed sted to the appropriate. Bankruptcy | |
| * Either of * Attached | the following: <u>Order of D</u> Mailing List of Creditors | ischarge, Order of Dis (NOT SCHEDULE) | smissal, or <u>Final Decree</u> . S) | |
| lighted or otherwise | clearly marked on a copute should be directed to | by of the docket obtain the appropriate U.S. B | n includes specific documents hi- ined from the court. All questions ankruptcy Court. The total cost of and \$.50 per page thereafter, not to | |
| Check the box to the ri Certification is a verif | ght if you would like to he ication of true, legal copie | ave your photocopies and costs an addition | CERTIFIED. conal \$6.00 per certification. | |
| Check the box to the right pages). Photocopies in ex | if you would like to have y cess of 70 pages will be n | your photocopies retu nailed to you via USP: | med via FAX (maximum of 70 S. | |
| | FOR REGIONAL RECOR | DS CENTER USE ONLY | | |
| SEARCHER'S INITIALS | DATE OF SEARCH | SEARCHER'S RE | MARKS | |

| TEP 3 | Print your name, mailing address, AND telephone number below: | | | | |
|-----------------------|---|--|--|--|--|
| | NAME | | | | |
| | ADDRESS | | | | |
| | CITY | STATE | ZIP CODE | | |
| | DAYTIME TELEPHONE NUMBE | R (Area Code) | | | |
| | FAX TELEPHONE NUMBER (Ar | rea Code) | | | |
| STEP 4 | Payment may be in the form of a MON CREDIT CARD, i.e., VISA, MASTER (Please circle type of credit card used). | EY ORDER, PERSONAL PRE-PR RCARD, AMERICAN EXPRESS, D | RINTED CHECK, or DISCOVER/NOVUS. | | |
| | SUMMARY OF CHARGES: | | • | | |
| | ENTIRE CONTENTS | = \$35.00 up to 70 pages \$ 0.50 per page thereafter (If ov you for the additional fee - 200) | ver 70 pages, we will contact pages maximum) | | |
| | PACKAGE | = \$10.00 | | | |
| | REQUESTED DOCUMENTS | = \$35.00 up to 70 pages \$ 0.50 per page thereafter (If over contact you for the additional for | ee) | | |
| | CERTIFICATION | = \$6.00 (Certification not available | ble with FAX service) | | |
| | Make checks or money orders paya | ble to: NATIONAL ARCHIVE | S TRUST FUND (NATF) | | |
| | If charging this purchase to your cresignature below: | edit card, enter the account number, t | he expiration date AND your | | |
| | CREDIT CARD # | | EXP. DATE/ | | |
| | SIGNATURE | | | | |
| STEP 5 N | Mail your payment and/or this completed for | ATTN: COPY REQUEST | | | |
| | | 1000 COMMODORE DRIV | | | |
| | | SAN BRUNO, CA 94066-2 | 350 | | |
| Dependin and place | ng upon workload, requests will normally ed in outgoing mail) within 3 to 5 busines | y be processed (file retrieved, docu s days of receipt of payment at the | ments identified, copies made Records Center. | | |
| | | | | | |

****NOTE: <u>REQUESTS WILL NOT BE TAKEN BY PHONE</u>****

Or FAX your request to us at (650) 238-3507 if paying by credit card.

YOUR REQUEST, AND ANY FEES SUBMITTED, WILL BE RETURNED TO YOU IF:

- The information supplied in STEP 1 is incorrect or incomplete. a.
- The name on the case file does not match the name requested. Ъ.
- You fail to enclose a check or money order OR if the amount is incorrect. C.
- Authorization cannot be obtained for the credit card number you supplied.
- Clearly marked docket sheet for Requested Documents not received.
- Federal agency requests are submitted without proper fees.

For Further Information Call 650-238-3502 (Monday through Friday, 7:00 a.m. to 3:30 p.m.)

Ver. Nov 2003