

FILE REQUEST FORM

- DO NOT REMOVE FILES FROM IMMEDIATE COUNTER AREA.
- DO NOT REMOVE DOCUMENTS FROM THE FILE. FOLD DOCUMENTS UP TO COPY.
- ONLY THREE FILES MAY BE REQUESTED AT ONE TIME.
- PRINT ALL INFORMATION BELOW.
- NO FILES PULLED AFTER 4:15 PM.

TODAY'S DATE _____ DAYTIME PHONE # _____

YOUR NAME _____ FIRM NAME _____

ADDRESS _____ CITY/STATE _____

1. DEBTOR _____ OPEN CLOSED

CASE NO. _____ CH. # _____
OR
ADV. NO. _____

MAIN FILE: Vol. #(s): _____ TAKEN FROM _____

CLAIMS: Vol. #(s): _____ RETURNED TO COUNTER _____

CH. 11 FIN. STATEMENT: Vol. #(s): _____

2. DEBTOR _____ OPEN CLOSED

CASE NO. _____ CH. # _____
OR
ADV. NO. _____

MAIN FILE: Vol. #(s): _____ TAKEN FROM _____

CLAIMS: Vol. #(s): _____ RETURNED TO COUNTER _____

CH. 11 FIN. STATEMENT: Vol. #(s): _____

3. DEBTOR _____ OPEN CLOSED

CASE NO. _____ CH. # _____
OR
ADV. NO. _____

MAIN FILE: Vol. #(s): _____ TAKEN FROM _____

CLAIMS: Vol. #(s): _____ RETURNED TO COUNTER _____

CH. 11 FIN. STATEMENT: Vol. #(s): _____

ALL RETURNED TO COUNTER: _____
Initials