

U.S. BANKRUPTCY COURT FOR THE DISTRICT OF OREGON

HEARING CD ORDER FORM

**1001 SW 5th Ave #700
Portland OR 97204
(503) 326-1500**

**405 E 8th Ave #2600
Eugene OR 97401
(541) 431-4000**

Note: Any recording of a meeting of creditors must be requested from the office of the United States Trustee.

Name of Person Requesting		Phone # (include extension if applicable)	
Address	City	State	Zip Code
Bankruptcy Case Name	Bankruptcy Case #	Adversary Case # (if applicable)	
DATE(S) & SCHEDULED TIME(S) OF PROCEEDINGS _____ _____ _____ Number of copies _____ PORTIONS REQUESTED Entire Hearing Opening Statements Ruling Only Closing Statements Testimony of (Specify Witness) _____	FORMAT REQUESTED FOR PLAYBACK ON ANY AUDIO CD PLAYER FOR PLAYBACK USING FTR PLAYER PLUS* FOR PLAYBACK USING WINDOWS MEDIA PLAYER (VERSION 7.0 OR HIGHER) *May be downloaded at no charge from: www.ftgold.com . (NOTE: Version 5.1 or higher is required for proceedings held after 1/1/09.)	COST REQUIREMENTS 1. TWO THINGS MUST ACCOMPANY THIS ORDER FORM: (a) A MINIMUM DEPOSIT OF \$26.00 (NOTE: Make checks payable to "Clerk, U.S. Bankruptcy Court"); AND (b) AN APPROPRIATELY SIZED, SELF-ADDRESSED ENVELOPE WITH ADEQUATE POSTAGE. 2. EACH CD COSTS \$26.00. ONE CD HOLDS APPROXIMATELY 45-60 MINUTES OF HEARING TIME. 3. IF THE HEARING TAKES MORE THAN ONE CD, YOU MUST PAY THE ADDITIONAL COST.	
SIGNATURE <i>By signing, I certify that I will pay all charges prior to receipt of CDs (deposit plus additional).</i>		DATE	
FOR COURT USE ONLY			
Order Received	Date:	By:	
Party Notified to Pick Up CD	Date:	By:	
<input type="checkbox"/> Deposit Paid (Attach Receipt)		Amount Still Owing: \$	
I hereby certify that I made a true and correct copy of the requested hearings			
ECR/Courtroom Deputy Signature:			Date: