

United States District Court 401 Courthouse Square Alexandria, VA 22314-5704 (703) 299-2100

COPY REQUEST FORM

| Company/Firm Request Date | | t Date | |
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| Name/Contact | Case Na | Case Name | |
| Address Case Number | | umbers | |
| City, State, Zip | | | |
| Phone | | | |
| Please note that some file | es requested may not always our will be notified. You wi | e Clerk's Office for processing. be available for us to pull. If this ll be contacted when your job has | |
| Pleading Number(s): | Pages/Section: | Number of Pages: | |
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| То | tal Number of Pages to Co | opy: | |
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| | ot pay mailing costs for excuest, you will be notified. | cessively large copy requests. If | |
| PAYMENT TYPE (Che | ck One): Over the Counter | $(OTC) \square$ or Mail In \square | |
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Note: Copy requests will be fulfilled once payment is received.