UNITED STATES BANKRUPTCY COURT
_____ **District Of** _____

APPLICATION FOR SEARCH OF BANKRUPTCY RECORDS *

Name of individual or business that is the subject of the search:	Social-Security No. or Individual Taxpayer-Identification No. (ITIN) of Subject: Employer Tax-Identification No. (EIN) (if any) of Subject:

Please search your records for the following information regarding the individual or business named above:
       ☐ pending or closed bankruptcy cases in this district;
       ☐ pending or closed adversary proceedings;
       ☐ judgments/evidence of satisfaction of judgments; and
       ☐ other [describe briefly]

Please search for the period from _____to
_____.

A fee of $30.00 is charged for each name or item searched. Payment by check or money order must be enclosed. Please do not send cash through the mail.

Name, address, and phone number of the person requesting the search:

CERTIFICATE OF SEARCH

The undersigned clerk hereby certifies the following results of a diligent search of the records of the court:
[Check only the items for which a search was requested and a fee paid.]

    A. Bankruptcy Cases:
       ☐ None found.
       ☐ Case filed on _____ *(date).*
           ☐ Voluntary ☐ Involuntary
           ☐ Pending ☐ Closed on _____ *(date).*
           ☐ Discharge granted on _____ *(date).*

    B. Adversary Proceedings:
       ☐ None found.

☐ Subject is a party to the following proceeding:

_____ (*Plaintiff*) v. _____

(Defendant)

Adversary Proceeding No._____, filed on _____

(date).

　　　　　　　　　☐ Pending　　☐ Closed on_____ *(date).*
Disposition:　☐ Dismissed on　_____ *(date)*
　　　　　　　　　☐ Final Judgment entered on _____ *(date)*
Case Number of Related Bankruptcy Case _____

_____ Clerk of the
Bankruptcy Court

Date: _____　　　By: _____ Deputy Clerk

**∗ This form may contain complete social-security numbers. It should not be filed
electronically.**