

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