

U.S. BANKRUPTCY COURT FOR THE DISTRICT OF OREGON
1001 SW 5th Avenue #700
Portland, OR 97204
(503) 326-2231

HEARING CD ORDER FORM - PORTLAND CASES ONLY!

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 _____	FORMAT REQUESTED " FOR PLAYBACK ON ANY AUDIO CD PLAYER " FOR PLAYBACK USING FTR PLAYER PLUS* " FOR PLAYBACK USING USING WINDOWS MEDIA PLAYER (VERSION 7.0 OR HIGHER) *May be downloaded at no charge from: www.ftrgold.com/support/download.cfm	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.	
PORTIONS REQUESTED " Entire Hearing " Opening Statements " Ruling Only " Closing Statements " Testimony of (Specify Witness) _____			
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:	
" 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:	