

COPY REQUEST FORM

Send copy requests to:

Clerk, U.S. Bankruptcy Court
 300 Fannin Street, Suite 2201
 Shreveport, LA 71101
 (318) 676-4267

Please do not fax requests to the copy service. Choice Professional Overnight Copy Service
 They will not be accepted.
 Please contact Clerk's Office for any information.
 PO Box 383
 Shreveport, LA 71162
 (318) 221-1111

Send Copy Service account payments to:

DATE _____ PHONE _____

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ATTENTION _____

ADDRESS _____

CITY/STATE/ZIP _____

METHOD OF PAYMENT

Charge to:

_____ Current Copy Service Account # _____

_____ Check/Money Order

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Exp. _____

Signature _____

METHOD OF RECEIPT

_____ Mail

_____ Local Delivery by Copy Service

_____ Pick Up at Clerk's Office

_____ Pick Up at Copy Service

_____ Fax: Phone Number _____

_____ Express Service (Your account or bill recipient):

Express Service Provider _____

Express Account Number _____

PAYMENT DUE UPON RECEIPT

DEBTOR NAME: _____ **CASE OR ADVERSARY #:** _____

Information Requested - Check appropriate line and **GIVE DOCUMENT NUMBER AND FILING DATE**, if available:

_____ Copy of entire case (excluding claims)

_____ Copy of entire case (including claims)

_____ Petition Page

_____ Schedules of Assets & Liabilities **(ALL) or**

_____ Schedule A: Real Property

_____ Schedule B: Personal Property

_____ Schedule C: Property Claimed as Exempt

_____ Schedule D: Creditors Holding Secured Claims

_____ Schedule E: Creditors Holding Unsecured Claims

_____ Schedule F: Creditors Holding Unsecured Nonpriority Claims

_____ Schedule G: Executory Contracts and Unexpired Leases

_____ Schedule H: Co-debtors

_____ Schedule I: Current Income of Individual Debtor(s)

_____ Schedule J: Current Expenditures of Individual Debtor(s)

_____ Summary of Schedules

_____ Statement of Financial Affairs

_____ Chapter 11, 12 or 13 Plan (Circle if needed ? Amendments)

_____ Notice of First Meeting (341 Notice)

_____ Order of Discharge

_____ Motion: (Doc. Num. _____)

_____ Order: (Doc. Num. _____)

_____ Proof of Claim filed by (with amount): _____

_____ **OTHER:** _____

Copy Service Fee List	
Search Fee:	\$5.00
Copy per page	.25
Per page for local fax:	.75
Per min. for long-distance fax:	.22

Your billing reference (client matter number):

DOCKET SHEETS, MAILING MATRIX, CERTIFIED COPIES AND COURT CALENDARS MUST BE PROVIDED BY THE CLERK'S OFFICE. PLEASE DO NOT PAY CHOICE FOR THESE COPIES.

COPIES BY CLERK'S OFFICE (Prepay)

_____ Docket Sheet	_____ Copies: 50 cents per page	\$ _____
_____ Mailing Matrix	_____ Certification: \$7.00 each	\$ _____
_____ Certified Work	_____ Search: \$20.00 per file	\$ _____
_____ Court Calendar		
_____ Date _____		

TOTAL PAYABLE TO:
Clerk, U.S. Bankruptcy Court \$ _____

