

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

Request for Certified Copy/Hearing Audio File Form

Certified Copy Request	Hearing Audio File Request
Case Number: Case Name:	Case Number: Case Name: (Each hearing requested costs \$34.00)
*Document(s) Requested:  Docket # _____  Docket # _____  Docket # _____  Docket # _____  Claim # _____  Docket Sheet <input type="checkbox"/>	Hearing Date(s) and Time(s):  _____  _____  _____  _____
Recipients Name and Address:  _____  _____  _____  _____  _____	Select a file format:  Audio CD <input type="checkbox"/>  USB Thumb Drive <input type="checkbox"/>  Requestor's Name and Phone Number:  _____  _____  _____  _____
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