**UNITED STATES BANKRUPTCY COURT**

SOUTHERN DISTRICT OF FLORIDA

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

Request for Compact Disc (CD) of Audio Recording of Court Proceeding

Form may be submitted at any clerk’s office location, U.S. mail, or email to: [Audio\_Recording\_Request@flsb.uscourts.gov](mailto:Audio_Recording_Request@flsb.uscourts.gov)

[**NOTE:** All requests for 341 meeting recordings should be addressed to the Office of the U.S. Trustee.]

Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adversary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Hearing or Trial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Hearing or Trial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debtor(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Quantity |  | Rate |
|  | **Audio CD**  This format will play on standard pc media players and on most CD-R and CD-RW compatible players. This option should be selected if the audio will be played in a vehicle or on a personal CD player.  **Note:** This format is compatible with Apple or Mac computers. | $31.00\* each  Payable to:  Clerk, U.S. Court |

\*See Bankruptcy Court Miscellaneous Fee Schedule

By submitting this request, it is understood that:

* A separate order must be placed for each hearing requested.
* All requests will be completed within two business days following receipt of the request.
* The requestor will be contacted when the CD is available for pick up at the clerk’s intake office.
* CD of audio recording will remain available for a period of 14 days.
* Payment is due at time of pick up.
* If requesting the CD to be mailed, payment must be made in advance and a self-addressed, stamped padded envelope must be provided to the clerk.

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Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pickup CD from Clerk’s Office  Mail CD

Print Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed by clerk:*

*CD Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date Requestor Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date CD Picked Up/Mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*