

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA

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APPLICATION FOR SEARCH OF BANKRUPTCY RECORDS

Name of individual or business that is subject of the search:	Social Security No. or Employer Tax I.D. No. of Subject: (If unknown, please indicate.)
Please search your records for the following information regarding the individual or business named above: <input type="checkbox"/> pending or closed bankruptcy cases in this district; <input type="checkbox"/> pending or closed adversary proceedings; <input type="checkbox"/> judgments/evidence of satisfaction of judgments; and <input type="checkbox"/> other [describe briefly]	
A fee of \$30.00 is charged for each name or item searched plus \$11.00 per certification. Payment by money order or check must be made payable to "Clerk, U.S. Court" and must accompany the request. DO NOT SEND CASH THROUGH THE MAIL.	
Name, address, and phone number of the person requesting the search:	

CERTIFICATE OF SEARCH

The undersigned clerk hereby certifies the following results of a diligent search of the records of the court:
[Check only the items for which a search was requested and a fee paid.]

TYPE OF CASE: Bankruptcy Adversary Other _____

CASE FILED ON: _____ **CASE NO:** _____ None Found

CASE NAME: _____

The following information pertains to the main bankruptcy case only:

TYPE: Voluntary Involuntary Chapter _____

CLAIMS DEADLINE: Date: _____

STATUS: Pending
 Closed on _____ (date) Discharge granted on _____ (date)

The following information pertains to the adversary case only:

STATUS: Pending Closed on _____ (date)

DISPOSITION: Dismissed on _____
[Seal of Court] Final Judgment entered on _____ (date)

Case Number(s) of Related Bankruptcy Case(s) _____

CLERK OF COURT

Record Searched on: _____ Date

By: _____ Deputy Clerk

Telephone: _____