

**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF FLORIDA**  
[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

**APPLICATION FOR SEARCH OF BANKRUPTCY RECORDS**

Name of individual or business that is subject of the search:	Social Security No. or Individual Taxpayer-Identification No. (ITIN) of Subject: Employer Tax I.D. No. (EIN) of Subject: (if any):
<p>Please search your records for the following information regarding the individual or business named above:</p> <p><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]</p> <p>A fee of \$32.00 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. <b>DO NOT SEND CASH THROUGH THE MAIL.</b></p>	
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 Signature

\_\_\_\_\_  
Deputy Clerk Print Name

Telephone: \_\_\_\_\_

**\* This form may contain complete social-security numbers. It should not be filed electronically.**