UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA
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):

Please search your records for the following information regarding the individual or business named above:
☐ pending or closed bankruptcy cases in this district;
☐ pending or closed adversary proceedings;
☐ judgments/evidence of satisfaction of judgments; and
☐ other [describe briefly]

A fee of $31.00 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:_____

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

LF-85 (rev. 12/01/16)