

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

PLEASE REPLY  
TO:

- ☐ 301 N. Miami Ave., Room 150, Miami, FL 33128, (305) 714-1800
- ☐ 299 E. Broward Blvd., Room 112, Ft. Lauderdale, FL 33301, (954) 769-5700
- ☐ 1515 North Flagler Drive, Room 801, West Palm Beach, FL 33401, (561) 514-4100

**ARCHIVES REQUEST FORM**

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**This form is ONLY to request archived case or adversary proceedings  
from the Federal Records Center in Ellenwood, Georgia.**

Files ordered by the Clerk's Office are usually received within two weeks. There is a \$70.00 retrieval fee for the first box; each additional box is \$43.00, and all fees are payable in advance. Make checks or money orders payable to "Clerk, U.S. Courts" (cash is not accepted). Requestors will be notified via telephone or email upon receipt, and requestors will have 10 days to examine and obtain copies/certifications (additional costs apply). Files are returned to the Federal Records Center two weeks after arrival.

**SmartScan is an expedient service in which clerk's office retrieves electronic document(s) for you.** If the document is 100 pages or less, is not sealed or restricted, and does not require certification, it may be emailed from the clerk's office to the requester in PDF format. The service *per document* costs \$11.00 (Judiciary Administrative Fee) + \$9.90 (FRC Fee) + \$ 0.65 per PDF page. If your request is available through SmartScan, the clerk's office will advise of the exact amount owed before processing the retrieval. Do not send payment prior to the Clerk's Office contacting you with the exact amount owed.

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**SECTION A: TO BE COMPLETED BY REQUESTOR (Please Print)**

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Case or Adv. No.: \_\_\_\_\_ Debtor Name or Case Caption: \_\_\_\_\_

**SmartScan** ☐ Yes ☐ No

*[If needed, obtain a PACER account at [www.pacer.gov](http://www.pacer.gov) to search court records for the data below. PACER query fees may apply.]*

List each Docket and/or Claim Number requested and description. *Requests with missing numbers will not be accepted.*

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**SECTION B: FOR CLERK'S OFFICE USE ONLY**

Accession # 021 - \_\_\_\_\_ Loc. # \_\_\_\_\_ Box # \_\_\_\_\_ SmartScan ☐ Yes ☐ No  
Request verified by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Clerk \_\_\_\_\_  
Express Acct# \_\_\_\_\_ Requested from FRC \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_ RMS changed ☐  
Date Rec'd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Notified via ☐ Email ☐ telephone ☐ forward to \_\_\_\_\_  
division

Request No. \_\_\_\_\_