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| **UNITED STATES BANKRUPTCY COURT**  **SOUTHERN DISTRICT OF FLORIDA**  [www.flsb.uscourts.gov](http://www.flsb.uscourts.gov) | | | | | | | |
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| 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. | $34.00\* 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.
* Audio recordings provided on CD are for **personal use only**, are not the official record, and may not be transcribed and filed with the court.

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*