

TRANSCRIPT ORDER FORM - U.S. BANKRUPTCY COURT DISTRICT OF NEVADA

1. Name of Person Requesting Transcript:		2. Phone Number:	Date:	For Court Use Only: Due Date: _____	
3. Contact E-Mail:	4. Address:	5. City:	6. State:	7. Zip Code:	
8. Bankruptcy Case Name:	9. Bankruptcy Case # and Judge's Initials: _____	11. Proceeding Hearing Date(s):	NOTE: To request a Transcript of the 341 Meeting of Creditors, contact: U.S. Trustee: For Chapter 7, 11, or 13, Las Vegas and Reno		
	10. Adversary Case # and Judge's Initials: (if applicable) _____	12. Proceeding Hearing Time(s):			
13. Portions Requested:	Entire Hearing: <input type="checkbox"/>	Opening Statements: <input type="checkbox"/>	Closing Statements: <input type="checkbox"/>		
Other (specify) <input type="checkbox"/> _____	Testimony (Specify Witness) <input type="checkbox"/> 1. _____ 3. _____ 2. _____ 4. _____				
14. CATEGORY:		CERTIFIED ORIGINAL TRANSCRIPT E-FILED (Viewable on court docket)		CERTIFIED HARD COPY (Available upon request)	
<i>NOTE: If ordering both certified hard copy and electronic copies, there will be an additional charge.</i>					
30-DAY (ORDINARY)	\$4.40 per Page	<input type="checkbox"/>		<input type="checkbox"/>	
14-DAY	\$5.10 per Page	<input type="checkbox"/>		<input type="checkbox"/>	
7-DAY (EXPEDITED)	\$5.85 per Page	<input type="checkbox"/>		<input type="checkbox"/>	
3-DAY	\$6.55 per Page	<input type="checkbox"/>		<input type="checkbox"/>	
NEXT-DAY (DAILY) (With approval from transcript company prior to ordering)	\$7.30 per Page	<input type="checkbox"/>		<input type="checkbox"/>	
E-Mail Transcript <input type="checkbox"/> ASCII Format <input type="checkbox"/> NOTE: Cost based on estimated page count will be provided by the Transcript company.					
15. SIGNATURE <i>By signing, I certify that I will pay all charges (deposit plus any additional charges):</i>			All Payments are processed by the transcript company. The U.S. Bankruptcy Court does NOT accept payments for transcripts.		
16. DATE SIGNED:			PROCESSED BY:		
DO NOT WRITE BELOW THIS LINE. FOR COURT USE ONLY.					
TRANSCRIPT TO BE PREPARED BY:		<input type="checkbox"/> U. S. BANKRUPTCY COURT ECR DEPARTMENT 300 LAS VEGAS BLVD S. LAS VEGAS, NV 89101 (702) 527-7159		<input type="checkbox"/> U. S. BANKRUPTCY COURT ECR DEPARTMENT 300 BOOTH STREET RENO, NV 89509 (775) 326-2103	
<input type="checkbox"/> Access Transcripts, LLC <input type="checkbox"/> _____					
ORDER RECEIVED:		ZIPPED FILES UPLOADED: AUDIO/CALENDAR/LOG NOTES			
RECORDING TIMES:		TRANSCRIPT ORDER FORM: UPLOADED <input type="checkbox"/> E-MAILED <input type="checkbox"/>			
NOTES:		E-FILED ON: DOCKET ENTRY #			