SAMPLE FORM

A copy of this Request must be submitted to the transcript company.

Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

* * * * * *

In re:) Debtor) Plaintiff) Vs Defendant) Bankruptcy No.: Chapter Adv. No.: Plaintiff) Hearing Date: NA Hearing Time: NA

Pursuant to the court's Notice on Policy and Procedure Regarding Electronic Availability of Transcripts, ______ hereby files the following list of items to be redacted from the transcript listed below:

Docket	Page	Line	Type of Identifier	Identifier should be redacted to
# of	#	#		read:
Transcript				
30	13	5	social security #	xxx-xx-1111
30	7	10	taxpayer identification #	xxxxxx1234
30	27	16	financial account #	xxxx-xxxxx5432
30	4	2	minor's name	A.B.
30	2	9	date of birth	xx/xx/1959

The undersigned understands that redactions other than the personal identifiers listed in the Policy requires a separate motion for additional redactions to be filed within 21 calendar days of the filing of the transcript, and requires court approval.

Date:_____

Signature