## U. S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA REQUEST FOR TRANSMITTAL OF TRANSCRIPT

(Please use one form for each separate matter.)

I wish to obt	ain a transo	cript of the following:			
Date	of Hearing	g or Trial:			
Time	of Hearing	g or Trial:			
Debte	or(s) Name	<u> </u>			
Case	Number:				
Adve	rsary Proc	. No.:			
Judge	e:				
Title	of Hearing	g or Trial:			
Request Ty	pe:	Audio Transcript Fee: \$32.00 per CD due at time of receipt.	Written Trar Fee & Deli	•	
			Ordinar 14-Day Expedite Daily (for estimates)	(14 day,	\$4.25 per page) \$4.85 per page) \$6.05 per page)
Transcriber:				1 1	1 0 /
will owe to the Court's Form that firm this Request that it prepare	he Clerk a Electronic ( m at its we form to the e the writte or payment	transcript of the hearing or trial identified abortion fee of \$32.00 per CD payable at the time the Court Reporting software is manufactured by bsite <a href="https://www.fortherecord.com">www.fortherecord.com</a> . If requesting a vertranscription firm I have indicated, and it is en transcript. I further understand that it is my tof service. The transcriber will contact the Court of the Court	CD is made avai FTR Gold and the written transcript my responsibility responsibility to lerk and retrieve	lable to me. I nat I may obtait, I understand y to contact that make arrange the audio files	understand that n a free player that I must send at firm and request ements with the s directly.
	Non-att	orneys: Please also include the name of attor	ney on whose be	half transcript	is requested.
Firm:					
Address:					
Telephone:					
E-Mail:					
Date:					

Signature