

UNITED STATES BANKRUPTCY COURT

District Of _____

APPLICATION FOR SEARCH OF BANKRUPTCY RECORDS *

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| Name of individual or business that is the subject of the search: | Social-Security No. or Individual Taxpayer-Identification No. (ITIN) of Subject: Employer Tax-Identification No. (EIN) (if any) of Subject: |
| Please search your records for the following information regarding the individual or business named above: <input type="checkbox"/> pending or closed bankruptcy cases in this district; <input type="checkbox"/> pending or closed adversary proceedings; <input type="checkbox"/> judgments/evidence of satisfaction of judgments; and <input type="checkbox"/> other [describe briefly] Please search for the period from _____ to _____. A fee of \$30.00 is charged for each name or item searched. Payment by check or money order must be enclosed. Please do not send cash through the mail. | |
| Name, address, and phone number of the person requesting the search: | |

CERTIFICATE OF SEARCH

The undersigned clerk hereby certifies the following results of a diligent search of the records of the court:
[Check only the items for which a search was requested and a fee paid.]

A. Bankruptcy Cases:

- None found.
- Case filed on _____ (date).
 - Voluntary Involuntary
 - Pending Closed on _____ (date).
 - Discharge granted on _____ (date).

B. Adversary Proceedings:

- None found.
- Subject is a party to the following proceeding:

 _____ (Plaintiff) v. _____ (Defendant)
 Adversary Proceeding No. _____, filed on _____ (date).
 Pending Closed on _____ (date).
 Disposition: Dismissed on _____ (date).
 Final Judgment entered on _____ (date).
 Case Number of Related Bankruptcy Case _____

_____ Clerk of the Bankruptcy Court

Date: _____

By: _____ Deputy Clerk

*** This form may contain complete social-security numbers. It should not be filed electronically.**