



UNITED STATES BANKRUPTCY COURT
- MIDDLE DISTRICT OF TENNESSEE -

TRANSCRIPT REQUEST FORM

Please complete one form for each trial or hearing, attach payment (search fee only),
and deliver to Clerk's office at: 701 BROADWAY, ROOM 170, NASHVILLE, TN 37203
or file and pay search fee electronically through CM/ECF.

1. NAME OF PARTY REQUESTING TRANSCRIPT		2. DATE OF TRANSCRIPT REQUEST	
3. EMAIL ADDRESS		4. PHONE NUMBER	
5. MAILING ADDRESS			
6. CASE NUMBER	7. CASE NAME	8. JUDGE	
9. DATE(S) OF HEARING/TRIAL <i>(If hearing/trial was on multiple days, please fill in all days for each hearing/trial held)</i> From _____ to _____			
10. TRANSCRIPT REQUEST IS FOR: APPEAL BANKRUPTCY ADVERSARY OTHER: _____			
11. PORTIONS REQUESTED <i>(Indicate the portion of the hearing/trial requested)</i> Entire Hearing/Trial Court Ruling Only Opening Statement (Plaintiff) Testimony of (Specify Name): Opening Statement (Defendant) _____ Closing Statement (Plaintiff) _____ Closing Statement (Defendant) _____ Other: _____			
12. REQUESTED COMPLETION TIME (note: fees for transcription to be assessed by transcriptionist) 30 Day 7 Day (Expedited) 14 Day 3 Day (Expedited)			
13. NUMBER OF COPIES REQUESTED <i>(Transcript request includes 1 copy for the Court)</i> _____			

14. **PREFERRED PROVIDER** -- if you would like to select a specific approved transcription service provider from those available on the Court's website (www.tnmb.uscourts.gov) please indicate which you would request. Otherwise the Court will assign a provider from the pre-approved transcription providers on a rotating basis.

No Preference

Preference: _____

By signing below, I certify that I will pay all charges for the preparation of the transcript, deposit, and any additional charges as specified by the assigned transcriptionist.

Signature of Person Ordering Transcript(s)

Date

FOR COURT USE ONLY	DATE	BY
ORDER RECEIVED BY INTAKE		
SEARCH FEE PAID		
FILE(S) UPLOADED		