



**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 <i>(note: fees for transcription to be assessed by transcriptionist)</i>		
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		