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 electronically through CM/ECF.

1. NAME OF PARTY REQUESTING TRANSCRIPT	2. DATE OF ORDER
3. EMAIL ADDRESS	**4. PHONE NUMBER**

5. MAILING ADDRESS

6. CASE NUMBER	7. CASE NAME	8. JUDGE

9. DATE(S) OF HEARING/TRIAL (If hearing/trial was on multiple days, please fill in all days hearing/trial held)

From _____ **to** _____

10. ORDER IS FOR

☐ APPEAL ☐ BANKRUPTCY ☐ ADVERSARY

☐ OTHER:_____

11. PORTIONS REQUESTED (Indicate the portion of the hearing/trial requested)

☐ Entire Hearing/Trial ☐ Court Ruling Only

☐ Voir Dire ☐ Testimony of (Specify Name):

☐ Opening Statement (Plaintiff) _____

☐ Opening Statement (Defendant) _____

☐ Closing Statement (Plaintiff) _____

☐ Closing Statement (Defendant) ☐ Other: _____

12. REQUESTED TURNAROUND TIME

☐ Daily (24-Hour) ☐ 7-Day Expedited

☐ 14-Day Expedited ☐ Standard (30-Day)

13. NUMBER OF COPIES REQUESTED (Transcript request includes 1 copy for the Court) 1

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

_____ _____

Signature of Person Ordering Date

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