

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois**

FEDERAL RECORDS CENTER REQUEST

THE FEE MUST BE PAID IN FULL

**MONEY ORDER OR CERTIFIED CHECK
SHOULD BE MADE PAYABLE TO:
Clerk, U.S. Bankruptcy Court**

Date of Request: _____ Date Case Closed: _____

Case Number: _____ Case Title: _____

Requester's Name: _____

Complete Address: _____

Telephone Number: _____

Requesting: Case File _____ Docket Sheet _____

Please do not call regarding the status of your request. You will be notified as soon as the record is received at the court. Once you are notified, the record will remain at the court for no longer than 10 business days, unless we are advised otherwise.

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OFFICE USE ONLY

Date: _____ FRC Location Number: _____

Accession Number: _____ Ship ID#: _____

Box Number: _____

Name of Clerk Accepting Request: _____ (Print Full Name)

Remarks:

Temporary Withdrawal: _____ Permanent Withdrawal: _____

