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. ______ 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: _____

Created on-line form: 1/9/09

Revised: 12/06/2016