

U.S. BANKRUPTCY COURT FOR THE DISTRICT OF OREGON

HEARING CD ORDER FORM

**1001 SW 5th Ave #700
Portland OR 97204
(503) 326-1500**

**405 E 8th Ave #2600
Eugene OR 97401
(541) 431-4000**

Note: Any recording of a meeting of creditors must be requested from the office of the United States Trustee.

Name of Person Requesting		Phone # (include extension if applicable)	
Address	City	State	Zip Code
Bankruptcy Case Name	Bankruptcy Case #	Adversary Case # (if applicable)	
DATE(S) & SCHEDULED TIME(S) OF PROCEEDINGS _____ _____ _____ Number of copies _____ PORTIONS REQUESTED <input type="checkbox"/> Entire Hearing <input type="checkbox"/> Opening Statements <input type="checkbox"/> Ruling Only <input type="checkbox"/> Closing Statements <input type="checkbox"/> Testimony of (Specify Witness) _____	FORMAT REQUESTED <input type="checkbox"/> FOR PLAYBACK USING WINDOWS MEDIA PLAYER (VERSION 7.0 OR HIGHER) <input type="checkbox"/> FOR PLAYBACK USING FTR PLAYER PLUS, which may be downloaded at no charge from www.ftrgold.com . <input type="checkbox"/> FOR PLAYBACK ON ANY AUDIO CD PLAYER		COST REQUIREMENTS The cost for one CD is \$31.00 and is required before an audio request can be processed. Make checks payable to "Clerk, U.S. Bankruptcy Court". The ordering party will be notified by telephone when the audio request is completed and ready to be picked up. If requesting the CD be mailed, include an appropriately sized self-addressed stamped envelope with adequate postage. If the hearing takes more than one CD, you must pay the additional cost.
SIGNATURE <i>By signing, I certify that I will pay all charges prior to receipt of CDs (deposit plus additional).</i>		DATE	
FOR COURT USE ONLY			
Order Received	Date:	By:	
Party Notified to Pick Up/Mailed CD	Date:	By:	
<input type="checkbox"/> Deposit Paid (Attach Receipt)		Amount Still Owing: \$	
I hereby certify that I made a true and correct copy of the requested hearings			
ECR/Courtroom Deputy Signature:			Date: