

# UNITED STATES BANKRUPTCY COURT

\_\_\_\_\_ District Of \_\_\_\_\_

## APPLICATION FOR SEARCH OF BANKRUPTCY RECORDS \*

|   |  |
|---|--|
| Name of individual or business that is the subject of the search:   | Social-Security No. or Individual Taxpayer-Identification No. (ITIN) of Subject:<br><br>Employer Tax-Identification No. (EIN) (if any) of Subject: |
| Please search your records for the following information regarding the individual or business named above: <ul style="list-style-type: none"> <li><input type="checkbox"/> pending or closed bankruptcy cases in this district;</li> <li><input type="checkbox"/> pending or closed adversary proceedings;</li> <li><input type="checkbox"/> judgments/evidence of satisfaction of judgments; and</li> <li><input type="checkbox"/> other [describe briefly]</li> </ul> |  |
| Please search for the period from _____ to _____.   |  |
| A fee of \$34.00 is charged for each name or item searched. Payment by check or money order must be enclosed. Please do not send cash through the mail.   |  |
| Name, address, and phone number of the person requesting the search:  |  |

## CERTIFICATE OF SEARCH

The undersigned clerk hereby certifies the following results of a diligent search of the records of the court:  
 [Check only the items for which a search was requested and a fee paid.]

**A. Bankruptcy Cases:**

- ☐ None found.
- ☐ Case filed on \_\_\_\_\_ (date).
  - ☐ Voluntary      ☐ Involuntary
  - ☐ Pending      ☐ Closed on \_\_\_\_\_ (date).
  - ☐ Discharge granted on \_\_\_\_\_ (date).

**B. Adversary Proceedings:**

- ☐ None found.
- ☐ Subject is a party to the following proceeding:
 

\_\_\_\_\_ (Plaintiff) v. \_\_\_\_\_ (Defendant)  
 Adversary Proceeding No. \_\_\_\_\_, filed on \_\_\_\_\_ (date).  

☐ Pending
☐ Closed on \_\_\_\_\_ (date).

 Disposition:      ☐ Dismissed on \_\_\_\_\_ (date).  
                  ☐ Final Judgment entered on \_\_\_\_\_ (date).  
 Case Number of Related Bankruptcy Case \_\_\_\_\_

\_\_\_\_\_ Clerk of the Bankruptcy Court

Date: \_\_\_\_\_

By: \_\_\_\_\_ Deputy Clerk

**\* This form may contain complete social-security numbers. It should not be filed electronically.**