

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

REQUEST FOR MEDIA RECORDING OF HEARING/TRIAL

Case/Adversary Proceeding Style: _____

Case/Adversary Proceeding Number: _____

Date of Hearing/Trial: _____

Location of Hearing/Trial (e.g., Charleston, Beckley, etc.): _____

Special Instructions (if any) : _____

Requesting Party: _____

Address: _____

Telephone Number : _____

Dated: _____

Signature

**Include fee of \$32.00 in cash or check made payable to Clerk, U.S. Bankruptcy Court, SDWV

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FOR COURT USE ONLY:

Order Received Date: _____ By (initials): _____

Fee Paid Date: _____ Amount: _____

Order Mailed: _____ / _____ (date/initials)

Order Picked Up: _____ / _____ (date/initials)

Comments: _____
