

U.S. Bankruptcy Court Eastern District of Kentucky

Transcript Request Form

PLEASE COMPLETE FORM

1. Date:	2. Name:	3. Phone Number:
4. Mailing Address:	5. City:	6. State/Zip:
7. Case/Adversary Number:	8. Case Name:	9. Judge Assigned:
10. Date of Proceeding:	11. Location of Proceeding:	
12. Transcript Requested <i>(Specify portion(s) for which transcript is requested):</i>		
	Entire Hearing:	
	Ruling of the Court:	
	Other:	
13. Category <i>(See Maximum Transcript Fee Rates as set by the Judicial Conference of the US on KYEB website for explanation of transcript order types below.) Please check one:</i> Ordinary 14 Day Expedited Daily Hourly Realtime 3 Calendar Days		14. Comments/Special Instructions:
15. Request transcript be emailed to:		16. Select transcriptionist from list/indicate below:
17. Signature:		18. Date:

COMPLETE and DOCKET TO CM/ECF

Court will forward request to transcriptionist indicated above.

Questions? Call or email Kelly at 859-469-7135 or kelly_rigg@kyeb.uscourts.gov