

Archived Case Retrieval Order Form - In House

CASE #: _____ DATE CLOSED: _____

DEBTOR: _____
(Last Name) (First Name)

REQUESTOR'S NAME: _____

TELEPHONE: (____) _____

ADDRESS: _____

(City) (State) (Zip Code)

RETRIEVAL FEE: 53.00 RECEIPT NUMBER: _____

BY: DEPUTY CLERK _____ DATE: _____

ADDITIONAL INFORMATION:

FOR OFFICE USE ONLY

CASE #: _____ DATE CLOSED: _____

Accession Number _____ Box Number _____

Date Ordered: _____ Date Received: _____

Requestor Contacted: _____ File Reviewed: _____

Instructions:

- _____
- _____
- _____
- _____

Date Returned: _____

Additional Information:

- _____
- _____