

**U.S. Bankruptcy Court Eastern District of Kentucky  
Transcript Request Form**

PLEASE COMPLETE FORM

<b>1. Date</b>	<b>2. Name</b>	<b>3. Phone Number:</b>
<b>4. Mailing Address:</b>	<b>5. City:</b>	<b>6. State/Zip:</b>
<b>7. Case/Adversary Number:</b>	<b>8. Case Name:</b>	<b>9. Judge Assigned:</b>
<b>10. Date of Proceeding:</b>	<b>11. Location of Proceeding:</b>	
<b>12. Transcript Requested (<i>Specify portion(s) for which transcript is requested</i>):</b>		
<input type="checkbox"/>	<b>Entire Hearing:</b>	
<input type="checkbox"/>	<b>Ruling of the Court:</b>	
<input type="checkbox"/>	<b>Other:</b>	
<b>13. Category (<i>Please check one</i>):</b>  <input type="checkbox"/> <b>Ordinary (30 working days)</b> <input type="checkbox"/> <b>Expedited (7 working days)</b> <input type="checkbox"/> <b>Overnight (24 hours)</b>	<b>14. Comments/Special Instructions:</b>	
<b>15. Request transcript email to:</b>	<b>16. Select transcriptionist from list/indicate below:</b>	
<b>17. Signature:</b>	<b>18. Date:</b>	

**COMPLETE and DOCKET TO CM/ECF**

Court will forward request to transcriptionist indicated above.

Questions? Call or email Kelly at 859-233-2608 Ext. 135 or [kelly\\_rigg@kyeb.uscourts.gov](mailto:kelly_rigg@kyeb.uscourts.gov)