

**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>):		
<input type="checkbox"/>	Entire Hearing:	
<input type="checkbox"/>	Ruling of the Court:	
<input type="checkbox"/>	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.</i>) Please check one:	14. Comments/Special Instructions:	
<input type="checkbox"/> Ordinary <input type="checkbox"/> 14 Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime		
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 859-233-2608 Ext. 135 or kelly_rigg@kyeb.uscourts.gov