

**United States Bankruptcy Court Eastern District of Oklahoma
Post Office Box 1888
Muskogee Oklahoma 74402**

Name of Requestor: _____
 Address: _____
 Phone No.: _____
 Debtor(s) Name: _____ Case No. _____
 To be searched: _____
 SS# _____ SS# _____ EID# _____

The Court is in Receipt of your request for information and acknowledges as follows:

	For Every search of the records of the Bankruptcy Court conducted by the Clerk of the Bankruptcy Court or a Deputy Clerk, \$30.00 per name or item search. Please forward the sum of \$_____.
	Per Local Bankruptcy Rules this Court does not perform extensive searches and cannot fulfill your request.
	For certification or exemplification of any document or paper, whether the certificate is made directly on the document or by separate instrument, \$11.00 . Please forward the sum of \$_____.
	For reproducing any record of paper, \$.50 per page . Number of pages _____ @ \$.50 = \$_____ amount due. To be copied: _____
	For retrieval of a record from a Federal Records Center \$64.00 for one box(\$39.00 per each additional box) The file you have requested is in the Federal Records Center in Fort Worth, Texas. Please forward \$64.00 plus \$39.00 for each additional box and we will order the file the day we received the payment. When the file is received from the Federal Records Center, you will be notified by phone that the file is now in our office for review or of any additional costs such as codifying fees. Once the file is received in our office, we will hold it for thirty (30) days and then it will be returned to the Federal Records Center.
	See attached form to order or review filed directly from the Federal Records Center.
	Unsigned Checks or money order shall not be considered as payment; third party checks shall not be considered as payment; all checks or money orders must be for the exact amount due. The Court will not enter an amount for blank checks or checks not to exceed a certain amount. Do not send cash through the mail.
	Comments or special instructions _____ _____

TOTAL AMOUNT DUE: \$_____. Please make your check payable to: **CLERK, U.S. BANKRUPTCY COURT.** Mail this form back to the Court with your check or money order and your original request. Your request should be processed the day the Court received it. Thank you for your understanding and cooperation.

Patrick Keaney, Acting Clerk

By: _____
Deputy Clerk