

Filer's Name, Address, Phone, email:



**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII**
1132 Bishop Street, Suite 250, Honolulu, Hawaii 96813

Debtor(s):	Case No.:
Plaintiff(s): <i>(et al. if multiple parties)</i>	Adversary Proceeding No.:
Defendant(s): <i>(et al. if multiple parties)</i>	Related Docket No.:

REQUEST FOR REDACTION OF PERSONAL IDENTIFIERS

[Use this form to request redaction of personal data identifiers in a transcript. A motion is required for other information.]

The undersigned requests redaction under Bankruptcy Rule 9037 of the personal data identifiers as described below.

Date Transcript Filed: _____ Docket No.: _____

Transcriber: _____

<i>Type of Personal Data Identifier(s) to be redacted in transcript</i> <i>(Do not enter any confidential information – this form will be in the public record).</i>	Page No.	Line No.
Full Social Security Number appears on these pages/lines. Show only last 4 digits.		
Individual's full birth date appears on these pages/lines. Show only the year of birth.		
Minor's full name appears on these pages/lines. Show only initials.		
Full financial account number appears on these pages/lines. Show only last 4 digits.		

[Attach continuation sheets if necessary.]

Date: _____

/s/ _____
[Print name and sign]