

Filer's Name, Address, Phone, Fax, Email:



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

hib_5077-1a1 (10/14)

Debtor:

Case No.:

Joint Debtor:
(if any)

Chapter:

[If adversary proceeding, complete the information below. Use "et al." if multiple parties.]

Plaintiff(s):

Adversary Proceeding No.:

vs.

Defendant(s):

REQUEST FOR TRANSCRIPT

[Complete a separate request for each hearing date.]

Request is for an appeal

Date of hearing:
(one date per request)

Matter which you wish transcribed:
(e.g., title of motion)

Docket No.:

Do you wish the entire hearing transcribed? Yes No

If you wish less than the entire hearing transcribed, attach a detailed description of the portion being requested.

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FEES

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Party requesting transcript:
[Name, address, phone, fax, email]

I agree to pay all transcript fees as arranged with the transcription service.

Dated: _____

/s/ _____
Signature (Print name if original signature)

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MAXIMUM TRANSCRIPT RATES

NOTE: Only ordinary (30-Day), 14-Day, and expedited (7-Day) transcripts are available in the bankruptcy court unless special arrangements are made in advance of the hearing or trial.

	Original	First Copy to Each Party	Each Additional Copy to the Same Party
Ordinary Transcript (30 day) A transcript to be delivered within thirty (30) calendar days after receipt of an order.	\$3.65	\$.90	\$.60
14-Day Transcript A transcript to be delivered within fourteen (14) calendar days after receipt of an order.	\$4.25	\$.90	\$.60
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