FLNB Local Form A-1 (1/25) **UNITED STATES BANKRUPTCY COURT**

**NORTHERN DISTRICT OF FLORIDA**

**TRANSCRIPT ORDER FORM**

*A separate order form for each proceeding is required. Only one case number may be listed per transcript order.*

**PART I – PURCHASING PARTY TO COMPLETE:**

Bankruptcy Case Number: Adversary Case No.:

Debtor / Plaintiff / Defendant Name(s):

Date(s) of Hearing: Time(s) of Hearing: Presiding Judge:

CM/ECF Docket No. of Proceeding Memo \_\_\_\_\_\_\_\_\_\_\_\_ If applicable, Court Reporter and phone number listed in Proceeding Memo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no court reporter was present, Transcription Service you selected from list on court website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is transcript for an appeal:** **YES NO** *If yes, transcript is time sensitive.* **Date *Notice of Appeal* filed:**

Has the transcript been filed in CM/ECF? YES NO

**\*\*If yes, do not continue with this form. Contact the transcriber or court reporter to obtain copy.\*\***

Need transcript by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Purchaser’s Name:

(Individual or Law Firm Name)

Contact Person: Telephone:

Email Address:

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CM/ECF Filers:** File this form electronically*.* Use the keyword Search button in the CM/ECF menu bar to locate all applicable "transcript" filing events.

**Non-CM/ECF Filers:** Email form to [CMECF\_Helpdesk@flnb.uscourts.gov](mailto:CMECF_Helpdesk@flnb.uscourts.gov) or mail / hand-deliver to: Clerk, U.S. Bankruptcy Court, 110 E. Park Ave., Ste. 100, Tallahassee FL 32301

**PAYMENT:** The transcription service or court reporter will contact you directly for payment.

**PART II – ACKNOWLEDGMENT** must be completed then **filed in CM/ECF** by Transcriber [or Court Reporter, if applicable]

This Transcript Order Form was received on:

Satisfactory arrangements have / have not been made for payment of the transcript cost.

No. of trial/hearing days: Estimated no. of pages: Estimated completion date:

*If enlargement of time for filing is requested and transcript cannot be completed within 30 days from receipt of transcript order, please state time required and reasons on separate page.*

Unable to accept assignment. Ordering Party notified. Transcriber/Court Reporter: File this form in ECF. Use the keyword Search button in the CM/ECF menu bar to locate all applicable "transcript" filing events.

Date: Transcriber/Court Reporter Signature: