UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

COPY REQUEST FORM

Case Name:		Case Number:
Requestor Information		
Name:		
Address:		
Phone number:	Fax number:	
Method of Obtaining Cop	ies	
US Postal Service (address if different than above:	
Fax (fax no if differe	nt than above)
Email (email addres	s:)	
Pickup		
Payment Method		
**Please Note: Cred	lit cards and personal checks will not be	accepted by debtor(s) whose case
Please select type of doc	ument(s):	
Petition		Statement of Affairs
Schedules		Main Case Docket
Dischause (Note: list of a	reditors are only listed on schedules)	Claims Register
Discharge (Note: list of c		
341 Meeting of Creditors	Notice	Certificate of Discharge (\$12.00)

Mail form to: US Bankruptcy Court, One Division Avenue, North, Room 200, Grand Rapids, MI 49503