



U.S. Bankruptcy Court District of Arizona



**AUDIO COMPACT DISK REQUEST  
FOR COURT HEARINGS**

|   |   |  |
|---|---|--|
| 1. Today's Date:  | 2. Date of Hearing:   | 3. Your Name and Firm Name, if applicable: |
| 4. Street Address:  | 5. City:  | 6. State/Zip:                              |
| 7. Adm. Case and Adversary Case Number:   | 8. Case Name:   | 9. Judge Assigned:                         |
| 10. Phone Number:   | 11. Location of Proceeding:   |  |
| 12. Audio Requested (Specify portion(s) for which audio is requested):<br><input type="checkbox"/> Entire Hearing: _____<br><input type="checkbox"/> Other: _____                 |   |  |
| 13. Cost:<br>There is a charge of \$34* per disk. The number of disks necessary is dependent on the duration of the hearing. For example, a 5 hour hearing might require 5 disks. | 14. Comments/Special Instructions:  |  |
| 15. Email Address for Contact Person:   | 16. Processed by (Court Personnel):<br>(Should be filled-in by Court users only.) |  |
| <b>Submit Form via Email</b>  |   |  |

\*The Judicial Conference will periodically approve adjustments to transcript free rates. Go to the court website for up-to-date fee information. [www.azb.uscourts.gov](http://www.azb.uscourts.gov)