UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF IOWA

111 Locust Street, Office 320 Des Moines, Iowa 50309 www.iasb.uscourts.gov

In the Matter of:			Case No.
	Del	otor(s)	
	REI	DACTION	REQUEST – TRANSCRIPT
		re	ce policy regarding electronically filed transcripts, equests the following information be redacted prior
(Please list the do	ocument, page	, and line num	y electronically available. The and a redacted identifier for each redaction necessary; e.g., y No. to read xxx-xx-6130.)
Document No. of Transcript	Page No.	Line No(s).	Redacted Identifier
	1	1	

The undersigned understands that redaction of information other than the personal identifiers listed below requires an order of the court.

Social Security or taxpayer-identification numbers to the last four digits Dates of birth to the year
Names of minor children to the initials
Financial account numbers to the last four digits
Home addresses to the city and state

Date:	
	(Name)
	Address:
	Telephone:
	Fax: E-mail:
CERTIFIC	CATE OF SERVICE
foregoing with the clerk of U.S. Bankrup CM/ECF system which notified case par	, I electronically filed the ptcy Court, Southern District of Iowa, using the rticipants registered for electronic notice. I rt reporter/transcriber and all case participants anner authorized by Federal Rule
,	

Note: To electronically file this document, you will find the event in our Case Managements (CM/ECF) system Bankruptcy menu, under Other/Misc category – Transcript Redaction Request.