

<b>OFFICE USE ONLY</b>
<b>File Status:</b> <input type="checkbox"/> Pulled for court _____ <input type="checkbox"/> Other _____

**U.S. BANKRUPTCY COURT**  
 1100 Laurel St  
 Columbia, SC 29201-2423  
 (803) 765-5436

**COPY REQUEST FORM AND BILL FOR COPY SERVICES AND NOTICE**

Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Requested Delivery:  
 Please Mail  
 Call When Ready

Date: \_\_\_\_\_  
 Firm Name/Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

\*\*\*\*\*

**PLEASE COPY THE FOLLOWING:**

- \_\_\_\_\_ Petition
- \_\_\_\_\_ All Schedules
- \_\_\_\_\_ Specific Schedules \_\_\_\_\_
- \_\_\_\_\_ Statement of Financial Affairs
- \_\_\_\_\_ Statement of Income and Expense
- \_\_\_\_\_ List of 20 Largest Unsecured Creditors (Chapter 11)
- \_\_\_\_\_ Plan of Reorganization (Chapter 11)
- \_\_\_\_\_ Disclosure Statement (Chapter 11)
- \_\_\_\_\_ Statement of Intent \_\_\_\_\_
- \_\_\_\_\_ Chapter 13 Plan

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REMIT TO: U.S. BANKRUPTCY COURT  
 1100 Laurel Street  
 Columbia, SC 29201-2423

**BILL AND STATEMENT OF CHARGES**

DATE: \_\_\_\_\_

Photo Copies _____ pages @ \$0.50 per page	\$	_____
Copies printed from public terminal _____ @ \$0.10	\$	_____
per page		
Archive retrieval fee _____ @ \$70.00 for first box	\$	_____
_____ @ \$43.00 for additional	\$	_____
boxes thereafter		
Certified copies _____ @ \$12.00 each	\$	_____
Record Search _____ @ \$34.00 each	\$	_____
Exemplification fee _____ @ \$24.00 each	\$	_____
Other _____	\$	_____
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	<b>_____</b>