Attorney or Party Name, Address, Telephone & FAX	FOR COURT USE ONLY		
Nos., State Bar No. & Email Address			
Attorney for:			
UNITED STATES BANKRUPTCY COURT			
CENTRAL DISTRICT OF CALIFOR	NIADIVISION		
In re:	CASE NO.:		
	CHAPTER:		
	ADVERSARY NO.: (if applicable)		
Debtor(s).			
Plaintiff(s),	TRANSCRIPT REDACTION REQUEST		
vs.	[LBR 9037-1(b)]		
Defendant(s).			

Consistent with the court's redaction policy in Court Manual section 3.6, it is requested that the following information be redacted prior to the transcript being made available to the public through PACER.

Docket # of Transcript	Transcript Page #	Transcript Line #	Redacted Identifier (e.g., SSN xxx-xx-1234)	Transcriber

Additional sheet attached

Date: _____

Signature of filing attorney

NOTE: This Request should be filed electronically using the "Redaction Request - Transcript" CM/ECF docket event. The docket entry can only be accessed by court staff and case participants.

This form is optional. It has been approved for use by the United States Bankruptcy Court for the Central District of California.