

UNITED STATES BANKRUPTCY COURT

- MIDDLE DISTRICT OF TENNESSEE -

AUDIO CD REQUEST FORM

Please complete one form for each trial or hearing, attach payment (search fee only),
and deliver to Clerk's office at 701 BROADWAY, ROOM 170, NASHVILLE, TN 37203
or file electronically through CM/ECF.

1. NAME OF PARTY REQUESTING CD North Mississippi Health Services, Inc.		2. DATE OF ORDER September 28, 2018		
3. EMAIL ADDRESS cmsmith@burr.com		4. PHONE NUMBER 615.724.3239		
5. MAILING ADDRESS Burr & Forman LLP 222 Second Ave. South, Ste. 2000 Nashville, TN 37201				
6. CASE NUMBER 18-5665	7. CASE NAME In re: Curae Health Inc.	8. JUDGE Hon. Charles M. Walker		
9. DATE(S) OF HEARING/TRIAL (If hearing/trial was on multiple days, please fill in all days hearing/trial held) From <u>9/25/2018 @ 11:00 AM</u> to <u>9/25/2018 @ 12:00 PM</u>				
10. ORDER IS FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> ADVERSARY <input type="checkbox"/> OTHER: _____				
11. NUMBER OF COPIES REQUESTED 1 (Note: Complete one copy of this form for each hearing/trial date requested.)				
12. PICK-UP/DELIVERY Requesting Party: <input type="checkbox"/> Will wait while the audio CD is prepared. <input checked="" type="checkbox"/> Will return to pick-up the audio CD. <u>Needed today if possible - please expedite.</u> <input type="checkbox"/> Has provided a self-addressed, postage-paid mailing envelope.				
FOR COURT USE ONLY		DATE	BY	CD PICKED-UP OR DELIVERED TO:
ORDER RECEIVED BY INTAKE				INITIALS
SEARCH FEE PAID				DATE
CD CREATED/DELIVERED				