

Filer's Name, Address, Phone, Fax, Email:



**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII**
1132 Bishop Street, Suite 250L, Honolulu, HI 96813

<i>Debtor:</i>	<i>Case No.:</i>
<i>Joint Debtor: (if any)</i>	<i>Chapter:</i>
<i>[If adversary proceeding, complete the information below. Use "et al." if multiple parties.] Plaintiff(s):</i>	<i>Adversary Proceeding No.:</i>
<i>vs. Defendant(s):</i>	

REQUEST FOR REDACTION OF PERSONAL DATA IDENTIFIERS

[Use this form to request redaction of personal data identifiers only. A motion is required for redaction of any additional information.]

The undersigned hereby requests redaction of personal data identifiers as indicated below.

<i>Date transcript filed:</i>	<i>Docket No.:</i>
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Transcriber:

Type of Personal Data Identifier to be Redacted (pursuant to Fed. R. Bankr. P. 9037(a)) <i>[Check which boxes apply. Do not enter any confidential information. This form will be viewed by the public.]</i>	<i>Page(s)</i>	<i>Line(s)</i>
Full Social Security Number appears. <u>Show only last 4 digits</u> on these page(s)/line(s).		
Individual's full birth date appears. <u>Show only year of birth</u> on these page(s)/line(s).		
Minor's full name appears. <u>Show only initials</u> on the page(s)/line(s).		
Full financial account number appears. <u>Show only last 4 digits</u> on these page(s)/line(s).		

<i>Dated:</i> _____	<i>/s/</i> _____ Signature (Print name if original signature)
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