

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



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
1132 Bishop Street, Suite 250  
Honolulu, Hawaii 96813

hib\_5077-1f (12/09)

Debtor:

Case No.:

Joint Debtor:  
(if any)

Chapter:

[If Adversary Proceeding, complete information below. Use "et al" if multiple parties.]

Adversary Proceeding No.:

Plaintiff(s):

vs.

Defendant(s):

**REQUEST FOR REDACTION OF PERSONAL 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.

Date Transcript Filed:

Docket No.:

Transcriber:

**Type of Personal Data Identifier to be Redacted (pursuant to Fed. R. Bankr. P. 9037(a))**

[Do not enter any confidential information – this form may be viewed by the public.]

Page No.

Line No.

Full Social Security Number appears on these pages/lines. **Show only the last 4 digits.**

Individual's full birth date appears on these pages/lines. **Show only the year of birth.**

Minor's full name appears on these pages/lines. **Show only initials.**

Full financial account number appears on these pages/lines. **Show only last 4 digits.**

[Attach continuation sheets if necessary.]

Dated: \_\_\_\_\_ /s/ \_\_\_\_\_

Signature

(Print name also if original signature)