1	ATTORNEY NAME, BAR # LAW FIRM ADDRESS CITY, STATE ZIP PHONE NUMBER						
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4	E-MAIL						
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8	IN THE UNITED STATES DISTRICT COURT						
9	FOR THE EASTERN DISTRICT OF CALIFORNIA						
10							
11	,						
12	Plaintiff (s), No.						
13	vs.						
14	, <u>REDACTION REQUEST</u> ¹						
15	Defendant(s).						
16	/						
17	Now comes by counsel for [PARTY NAME] and gives this Redaction Request. The						
18	Redaction Policy requires redaction of the following personal identifiers from the transcripts						
19	made						
20	electronically available:						
21	Social Security numbers to the last four digits,						
22	Financial account numbers to the last four digits,						
23	Dates of birth to the year,						
24	Names of minor children to the initials, and						
2526	1 NOTE: This Redaction Request should be filed directly with the Court Reporter and NOT with the court.						

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• Home addresses to the city and state.

It is requested that consistent with the Policy, the following information be redacted prior to the transcript being made remotely electronically available:

Document # of Transcript	Page	Line(s)	Identifier (Example: SSN 009-09-9999)	Redaction Requested (Example: SSN XXX-XX-9999)

The undersigned understands that redactions other than the personal identifiers listed in the Policy requires a separate Motion for Additional Redactions be filed with the court within 21 days of the filing of the transcript and requires court approval.

Date:

<u>/</u> S/ -
ATTORNEY FOR [PARTY NAME]