



**DROP BOX FILING INFORMATION SHEET**

1. WRITE FULL NAME OF FILER & CASE NO., IF APPLICABLE, BELOW:

NAME: \_\_\_\_\_

CASE NO. \_\_\_\_\_

2 DESCRIBE THE DROP BOX FILING BELOW. (EXAMPLES: ) – APPLICATION FOR FEE WAIVER  
RESTITUTION PAYMENT  
BANKRUPTCY PETITION

DESCRIPTION: \_\_\_\_\_

3. HAVE COPIES TO BE CONFORMED BEEN PROVIDED? YES \_\_\_\_\_ NO \_\_\_\_\_

4. HAS A FEE BEEN INCLUDED WITH YOUR FILING? YES \_\_\_\_\_ NO \_\_\_\_\_