



United States District Court
Northern District of Iowa

SEALED DOCUMENT COPY REQUEST

If the information provided in this form does not match the attorney's CM/ECF account, copies will not be provided.

Attorney Requesting Copies: _____

Firm Name: _____

Firm Mailing Address: _____

City, State, Zip: _____

Phone: _____

Attorney Email: _____

Case Number: _____

Case Title: _____

*Docket Number(s) being requested:

Documents that are sealed on the Court's docket can only be provided to an attorney of record in the specific case via U.S. Mail at the address on the attorney's CM/ECF account or picked up in person at the Clerk's office. You must have authorization to view these documents. **The documents cannot and will not be emailed.*

- Delivery Method: US Mail (to address listed above)
 Pick up at courthouse**
 Cedar Rapids
 Sioux City

Email completed form to: ecfmail@iand.uscourts.gov

TO BE COMPLETED BY CLERK

Total Number of Pages: _____ @ .50 cents per page

Total Payment Due: _____

Completed: _____

Initials: _____

****This completed form must be presented if documents are being picked up at the courthouse**