**SAMPLE REDACTION REQUEST FORMAT

Note: the event is located on CM/ECF by clicking:

Civil or Criminal > OTHER DOCUMENTS > Redaction Request - Transcript

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF RHODE ISLAND

			1 311 1112 313111131	0. 1052 102 1115	
			Plaintiff(s)		
VS.					Case No.
			, Defendant(s)		
			REDACTION REQU	IEST - TRANSCRIPT	
			·		Plaintiff/Defendant, requests the
70 70 71 73 73 73	Page 12 32 22 13 56 44	Line 8 5 14 5 3 2	Identifier Social Security Number Taxpayer ID Number Date of Birth Minor Child's Name Financial Account Number Home Address		Note: the Court Reporter will make the appropriate modifications, you do not need to specify how to make the redaction, just what needs to be redacted
Date: _				Attorney fo	r (Plaintiff or Defendant)

CERTIFICATE OF SERVICE

Certificate of Service When All Case Participants Are CM/ECF Participants I hereby certify that on ______, I electronically filed the foregoing with the Clerk of the Court for the United States District Court for the District of Rhode Island by using the CM/ECF system. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the CM/ECF system. or **CERTIFICATE OF SERVICE** Certificate of Service When Not All Case Participants Are CM/ECF Participants I hereby certify that on ______, I electronically filed the foregoing with the Clerk of the Court for the United States District Court for the District of Rhode Island by using the CM/ECF system. Participants in the case who are registered CM/ECF users will be served by the CM/ECF system. I further certify that some of the participants in the case are not CM/ECF users. I have mailed the foregoing document by First-Class Mail, postage prepaid, or have dispatched it to a third-party commercial carrier for delivery within 3 calendar days, to the following non-CM/ECF participants: counsel / party: