UNITED STATES DISTRICT COURT DISTRICT OF SOUTH DAKOTA

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| Click here to enter text. | Case Number |
| Plaintiff, |  |
| vs. | TRANSCRIPT REDACTION REQUEST |
| Click here to enter text. |  |
| Defendant. |  |
|  |  |

Comes now party name , by and through his/her attorney of record, attorney name , and hereby requests the following redaction in accordance with Judicial Conference policy:

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| Docket Number of Transcript | Page | Line(s) | Redaction Requested (Example: XXX-XX-1111) |
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The undersigned understands that redactions other than the personal identifiers listed in the Judicial Conference Policy require a separate Motion for Additional Redactions be filed within 21 days of the filing of the transcript and require court approval.

Dated today’s date.

By: /s/ (attorney’s name) Attorney Signature Block

CERTIFICATE OF SERVICE

I hereby certify that on date , I mailed a true and correct copy of the foregoing document, via the United States Postal Service, postage prepaid, to the following court reporter:

court reporter’s name and address

 /s/ attorney’s name Attorney Name