

**UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF NEW YORK**

_____)	
)	
Plaintiff(s),)	
)	
VS.)	CASE NO. _____
)	
)	
_____)	
Defendant(s).		

STATEMENT OF REDACTION

*****File in CM/ECF as Redaction Request-Transcript*****

** Please list the page number and line number where redaction is necessary**
(ie: Social Security # on page 12, line 9, to read xxx-xx-6789)

Docket No. of Transcript	Page	Line(s)	Identifier

**The undersigned understands that redaction of information other than personal identifiers listed below requires a separate motion and Court approval.

Date: _____, Attorney for _____

Below is a list of items that are to be redacted pursuant to Judicial Conference Policy as well as NDNY Local Rule 8.1. Redaction Checklist for attorneys:

- ☐ **Social Security numbers to the last four digits**
- ☐ **Financial account numbers to the last four digits**
- ☐ **Dates of birth to the year**
- ☐ **Names of Minor Children to the initials; and**
- ☐ **Home addresses to the city and state**