

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

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|---------------|---|----------------|
| |) | |
| |) | |
| 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 |
|-----------------------------|------|---------|------------|
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**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**