

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND

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In re: :

Debtor(s) : BK No.
Chapter

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APPELLANT ELECTION FORM

Appeal of Order or Judgment of U.S. Bankruptcy Court, District of
Rhode Island dated _____, Doc. No. _____.

APPELLANT(S)	APPELLEE(S)
Attorney (Firm Name, Address, and Telephone No.)	Attorney (If known)

I ELECT TO HAVE THIS APPEAL HEARD BY THE
BANKRUPTCY APPELLATE PANEL FOR THE FIRST CIRCUIT

I ELECT TO OPT OUT OF THE BANKRUPTCY APPELLATE
PANEL FOR THE FIRST CIRCUIT AND REQUEST THAT THIS
APPEAL BE HEARD BY THE UNITED STATES DISTRICT
COURT FOR THE DISTRICT OF RHODE ISLAND

By: _____ Dated: _____
Signature of Attorney (or Appellant, if pro se)