

FAX TRANSMISSION SHEET

DATE: _____

TO: Clerk of the District Court, _____ County

Fax Number: _____

Case Number: _____

Case Caption: _____

FROM: (Name and Address)

Telephone Number: _____

Fax Number: _____

E-mail address: _____

1. Please file the following transmitted document. A fax transmission sheet must separate each document filed.

Document Name

No. of Pages

2. Docket Fee \$ _____ Other \$ _____
(Describe)

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Use this page only if submitting debit or credit card information.

CONFIDENTIAL

DO NOT retain this page in the case file.

I authorize the above fees to be charged to the following account:

- | | | |
|-----------------------------------|-------------------------------------------|------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | Account No. _____ |
| <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMERICAN EXPRESS | Expiration Date: _____ |

(Type or Print Name of Cardholder)

(Signature of Cardholder)