

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
INSERT NAME OF COURT AND NAME OF JUDICIAL DISTRICT AND BRANCH COURT, IF ANY:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
FACSIMILE TRANSMISSION COVER SHEET	CASE NUMBER:

TO THE COURT:

1. **Please file** the following transmitted documents in the order listed below:

Document name

No. of pages

2. **Processing instructions** consisting of: _____ pages are also transmitted.

3. **Fee required** Filing fee Fax fee (rule 2006(g))

a. **Credit card payment** I authorize the above fees and any amount imposed by the card issuer or draft purchaser to be charged to the following account:

VISA MASTERCARD Account No.:

Expiration date:

.....
(TYPE OR PRINT NAME OF CARDHOLDER)



(SIGNATURE OF CARDHOLDER)

b. **Attorney account** (rule 2006(f)). Please charge my account No.: