

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	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:

<u>Document name</u>	<u>No. of pages</u>
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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:

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	Account No.:	Expiration date:
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 (TYPE OR PRINT NAME OF CARDHOLDER)

 (SIGNATURE OF CARDHOLDER)

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