ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	***FOR COURT USE ONLY***
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name)*:	
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:

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