

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. : FAX NO. (Optional): E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name) :	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS : MAILING ADDRESS : CITY AND ZIP CODE : BRANCH NAME :	
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 (Cal. Rules of Court, rule 10.815)

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)

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 (SIGNATURE OF CARDHOLDER)

b. **Attorney account** (Cal. Rules of Court, rule 2.304). Please charge my account no.: