

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) (SIGNATURE OF CARDHOLDER)

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