ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO. : FAX NO. (*Optional*):

E-MAIL ADDRESS (*Optional*) :

ATTORNEY FOR *(Name)* :

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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)

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

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Judicial Council of California
MC-005 [Rev. January 1, 2007]

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