

COURT FILING INSTRUCTIONS

Client Name & Address:	County:
Telephone:	Court Branch/Location:
Fax Number:	<input type="checkbox"/> Limited <input type="checkbox"/> Under 10K <input type="checkbox"/> Over 10K <input type="checkbox"/> Unlimited <input type="checkbox"/> U.D.
Contact:	Case Number:
File Number:	Case Title:
	Documents:
	<input type="checkbox"/> Summons and Complaint <input type="checkbox"/> Answer to Complaint <input type="checkbox"/> Dismissal / Satisfaction <input type="checkbox"/> Default Judgment <input type="checkbox"/> Motion

FEES ATTACHED \$ _____	CHECK	NO (S): _____
DEFENDANT/RESPONDENT FIRST APPEARANCE FEES PAID?	<input type="checkbox"/> NO <input type="checkbox"/> YES	DATE PAID: _____

SPECIAL INSTRUCTIONS: Please note any filing requirements!		
Last Date to File: _____ Date	Statute Runs on: _____ Date	RUSH ASSIGNMENT <input type="checkbox"/> Additional Charges Approved by: (If Applicable) Name: _____
Return by: _____ Date		

HEARING DATE: _____ HEARING TIME: _____ AM PM IN DEPT/DIV: _____

<input type="checkbox"/> FILE	<input type="checkbox"/> RESEARCH	<input type="checkbox"/> ISSUE	<input type="checkbox"/> RECORD	<input type="checkbox"/> OBTAIN COPIES <input type="checkbox"/> Plain <input type="checkbox"/> Certified
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ADDITIONAL INSTRUCTIONS:	_____

FOR ATTORNEY'S CERTIFIED SERVICES ONLY – PLEASE DO NOT PRINT OR TYPE BELOW THIS LINE

<input type="checkbox"/> Submitted on: _____ Date	<input type="checkbox"/> Completed on: _____ Date
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<input type="checkbox"/> OBTAINED "RECEIVED" FACE PAGE (S) <input type="checkbox"/> OBTAINED "FILED" FACE PAGE (S) <input type="checkbox"/> DOCUMENTS REJECTED - Rejection Slip Attached <input type="checkbox"/> DOCUMENTS REJECTED without Formal Rejection Slip Reason for Rejection: _____ _____ SP	<input type="checkbox"/> RESEARCH TIME: _____ <input type="checkbox"/> FEES ADVANCED: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Dollar Amount Check No. </div> <input type="checkbox"/> CLIENT NOTIFIED BY PHONE <input type="checkbox"/> CLIENT NOTIFIED BY FAX OKE WITH NAME: _____ FAXED TO NAME: _____
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