

**DC Fax Express**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_

e-mail \_\_\_\_\_

**DOCUMENT INFORMATION**

**Please check:** \_\_\_\_ Civil \_\_\_\_ Criminal Cause No. \_\_\_\_\_

Style: \_\_\_\_\_ VS \_\_\_\_\_

\_\_\_\_ Decree/Judgment/Sentence Date of Decree/Judgment/Sentence \_\_\_\_\_

\_\_\_\_ Probation Conditions \_\_\_\_\_ Order (Describe) \_\_\_\_\_

\_\_\_\_ Other (Describe) \_\_\_\_\_

**Please specify** \_\_\_\_ Certified (\$1.00 per page) \_\_\_\_ Uncertified (\$1.00 per page)  
\_\_\_\_ Return via fax (Uncertified only) \_\_\_\_ Mail back  
\_\_\_\_ Return via e mail (Uncertified only) \_\_\_\_ Pick up

**DISCOVER/NOVUS ACCOUNT INFORMATION**

Cardholder's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FOR CLERK'S USE ONLY:** Total \$ \_\_\_\_\_ for certified copies \_\_\_\_ non-certified copies  
**CLERK ASSIGNED** \_\_\_\_\_

**LEGALEASE ACCOUNT INFORMATION**

Card Number: \_\_\_\_\_

Client Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

Style: \_\_\_\_\_

Document: \_\_\_\_\_

Instructions Prepared By: \_\_\_\_\_

**FOR CLERK'S USE ONLY:** TOTAL \$ \_\_\_\_\_ for certified copies \_\_\_\_ non-certified copies  
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Thank you for using DC Fax Express. In you have questions, please call 210-335-2662