ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, state bar number, and address*):	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS (Optional) ATTORNEY FOR (*Name*):	
INSERT NAME OF COURT AND NAME OF JUDICIAL DISTRICT AND BRANCH COURT, IF ANY:	
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 (rule 2006(g))

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