	MC-00
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO. : FAX NO. (Optional):	`
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS :	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME :	
PLAINTIFF/PETITIONER:	d
DEFENDANT/RESPONDENT:	
FACSIMILE TRANSMISSION COVER SHEET	CASE NUMBER:
TO THE COURT:	
 Please file the following transmitted documents in the order listed below: 	
<u>Document name</u>	No. of pages
2. Processing instructions consisting of: pages are also transmitted.	
2	
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:
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(TYPE OR PRINT NAME OF CARDHOLDER)	(SIGNATURE OF CARDHOLDER)
b. Attorney account (Cal. Rules of Court, rule 2.304). Please charge my acc	ount no.: