## FAX COVER SHEET use a separate cover sheet for <u>each</u> document to be filed

For Filing in the King County Superior Court of Washington (per GR 17)

## ONLY FOR DOCUMENTS TO BE PLACED IN THE COURT FILE—FAX TRANSMITTAL FEE REQUIRED

## Fax filing is available 24 hours per day, 7 days per week. Documents received after 4:30 p.m. on a business day, will be date stamped for the following business day. The Clerk has subscribed to US West's Never Busy Fax Program whereby customers should never receive a busy signal.

*Restrictions*: <u>No</u> judge's working copies. <u>No</u> documents requiring filing fees. These include, but are not limited to, original petitions or complaints, jury demands, writs, and petitions to modify child support.

*Fax Transmittal Fee:* The fee, <u>per document</u>, is \$3.00 for the first page and \$1.00 for each additional page. <u>No charge for this Fax Cover Sheet</u>.

**Document Identification:** Note "Sent on (<u>date</u>) via fax for filing in King County Superior Court" on the first page, bottom margin of each document. Also, note where the original document is located. You are required to keep the original document you have filed by fax until at least 60 days following case disposition.

*Fax Procedure:* Complete a Fax Cover Sheet for <u>each</u> document to be faxed. A Fax Cover Sheet must precede each document transmitted. Send to the <u>Clerk's Fax Number: (206) 296-7796</u>. Do <u>not</u> call the Clerk to confirm receipt of your document.

**Payment Procedure:** Pay your fax transmittal fee by sending a preprinted business check, personal check drawn on a Washington State bank, or money order, <u>along with a copy of this Fax Cover Sheet</u>, to the King County Superior Court Clerk, ATTN: Fax Clerk, 516 3<sup>rd</sup> Avenue Rm E609, Seattle, WA 98104-2386. Payment is due within 5 business days. Payment by credit card is not available. Clerk's Voice Number: (206) 296-9300

## This form must be completed or your document cannot be accepted.

For Filing in Cause Number:		
Case Caption:		
Document Title:		
Number of Pages in Document:		
Name:	Date:	
Firm:		
Address:	City, State, Zip	
Voice Number:	Fax Number:	
REQUIRED	FEE REMITTANCE CERTIFICATION	IMPORTANT
FAX FEE PAYMENT NOTICE:	I am immediately mailing my check/money order in the a	amount of \$
-	l fee charges may be subject to collection proce	edures.
REV: 09-16-02 GR 17		