

CUSTOMER ORDER FORM FOR COPIES

\$1.00 Per Page For All Copies

NO PERSONAL CHECKS ACCEPTED

ATM available at 1201 Franklin, 1st Floor.

TO BE COMPLETED BY THE CUSTOMER (PLEASE PRINT)

CUSTOMER # _____

CAUSE NUMBER: _____

STYLE: _____ VS. _____

NEED COPY OF: PLEASE CHECK

- | | | |
|---|--------------------------------|-------------------------|
| <input type="checkbox"/> PETITION | DATE OF FILING: _____ | NUMBER OF COPIES: _____ |
| <input type="checkbox"/> DECREE/JUDGMENT | DATE OF DECREE/JUDGMENT: _____ | NUMBER OF COPIES: _____ |
| <input type="checkbox"/> ORDER | DATE OF ORDER: _____ | NUMBER OF COPIES: _____ |
| <input type="checkbox"/> OTHER, PLEASE SPECIFY: | | NUMBER OF COPIES: _____ |
| _____ | | NUMBER OF COPIES: _____ |
| _____ | | NUMBER OF COPIES: _____ |
| _____ | | NUMBER OF COPIES: _____ |

PLEASE SPECIFY: () CERTIFIED or () UNCERTIFIED

CUSTOMER'S NAME (Please Print): _____

ATTORNEY'S BAR NO. _____ LAW FIRM'S I.D. NO: _____

PHONE NUMBER: _____

ADDRESS: _____

Indicate Form of Payment:

CASH: _____
Amount Given To Clerk

If tendering cash, indicate Payor's Name you wish to be reflected on receipt: _____

CREDIT CARD: _____ Name on Credit Card: _____
Credit Card Type

MONEY ORDER/CASHIER'S CHECK Type: _____ Number: _____

FOR DISTRICT CLERK'S OFFICE USE ONLY

Court: _____	Total Number Of Pages/Screens: _____
Order Taken By: _____	Date: _____
Number Of Screens Printed/Verified By: _____	
Transaction Number: _____	Receipt Number: _____
Number Of Copies/Print-Outs: _____	Number Of Pages/Screens Per Copy Print-Out: _____
Volume/Page: _____	Frame/Roll: _____
	Imaged Number: _____
SPECIAL INSTRUCTIONS: _____	

Large Order, Customer to Return: _____ Date: _____ Time: _____	