

E-FILE INVOICE

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CASE# _____

TO BE COMPLETED BY ATTORNEY:

ATTORNEY: _____ BAR ID# _____
FIRM: _____ TELEPHONE: _____
ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
TITLE PLEADING: _____ #PAGES: _____

CHECK ALL THAT APPLY:

FILE
 LATE FILING (must be received in time to file before 4:00 pm)
 DELIVERY TO JUDGE _____ PICK-UP FROM JUDGE _____
 RETURN BY MAIL / EMAIL TO _____

*ALL INFORMATION REQUIRED FOR RETURN

FOR OFFICE USE ONLY:

INVOICE

PAGES 1-10 FILED	@ 1.00 PER PG	_____ PGS	\$ _____
PAGES 11 + FILED	@ .50 PER PG	_____ PGS	\$ _____
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DATE PAID: _____ CHECK # _____ AMOUNT _____

PLEADINGS REQUIRING A FILING FEE WILL NOT BE FILED
SERVICES AVAILABLE TO LICENSED ATTORNEYS ONLY; NO FILINGS AFTER 4:45

PAYMENT IS DUE IMMEDIATELY UPON RECEIPT OF INVOICE

NEW FILINGS WILL NOT BE ACCEPTED ON ACCOUNTS MORE THAN 30 DAYS PAST DUE

SERVICE NOT AVAILABLE TO ACCOUNTS CONSISTENTLY DELINQUENT