

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:** _____

MAIL REQUESTS CAN BE PLACED AT ANY WINDOW. WILL-CALL REQUESTS (CALL WHEN READY) MAY BE PLACED AT WINDOW #9.

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:** _____