

FAX TRANSMISSION SHEET

DATE: _____

TO: Clerk of the District Court, _____ County

FAX Number: () _____ - _____

Case Number: _____

Caption: _____

vs.

FROM: Attorney (Name and Address)

Kansas Attorney Registration Number: _____

Telephone Number: (____) ____ - _____

Fax Number: (____) ____ - _____

E-mail address: _____

Attorney for (Name of Party): _____

1. Please file the following transmitted document. NOTE: Document length is limited to 10 pages. A fax transmission sheet must separate each document filed.

Document Name

No. of Pages

2. Docket Fee \$ _____ Other \$ _____
(Describe)

FAX TRANSMISSION SHEET – Page 2

Use this page only if submitting debit or credit information.

CONFIDENTIAL

DO NOT retain this page in the case file.

I authorize the above fees to be charged to the following account:

- | | | |
|-----------------------------------|---|------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | Account No. _____ |
| <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMERICAN EXPRESS | Expiration Date: _____ |

(Type or Print Name of Cardholder)

(Signature of Cardholder)