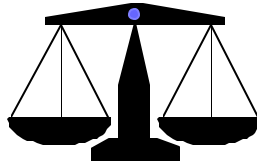


The Fax Express



**Charles Bacarisse, Harris County District Clerk
Civil Public Service Department
Fax Number 755-8974**

To Be Completed By The Customer (Please Print):

CAUSE NUMBER: _____

STYLE: _____ **VS.** _____

NOTE: REQUEST BEING PAID BY CREDIT CARD MUST BE PICKED UP AT OUR WILL-CALL WINDOW WITHIN 30 DAYS FROM REQUEST. YOU MAY REQUEST NON-CERTIFIED COPIES TO BE RETURNED TO YOU VIA FAX.

Need Copy Of (Please Check):

DECREE/JUDGMENT **DATE OF DECREE/JUDGMENT:** _____ **NUMBER OF COPIES:** _____
 ORDER **DATE OF ORDER:** _____ **NUMBER OF COPIES:** _____

Copies should be: () **CERTIFIED** or () **UNCERTIFIED**

PLEASE SPECIFY TYPE OF DELIVERY: () **Mail** () **Return Via Fax (Uncertified Only)** () **Will Call Window (Pick-up)**

CUSTOMER'S NAME (Please Print): _____

ADDRESS: _____

CUSTOMER'S PHONE NUMBER: _____ **CUSTOMER'S FAX NUMBER:** _____

I hereby authorize the District Clerk to charge to my credit card for payment of the services requested above:

CREDIT CARD TYPE: _____

NAME PRINTED ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____ **DATE OF EXPIRATION:** _____

AUTHORIZED SIGNATURE: _____

CREDIT CARDHOLDER ADDRESS: _____

CREDIT CARDHOLDER CONTACT NUMBER: _____

COPY OR COPIES RECEIVED BY: _____

FOR DISTRICT CLERK'S OFFICE USE ONLY

COURT: _____ **TOTAL NUMBER PAGES/SCREENS:** _____

ORDER TAKEN BY: _____ **DATE:** _____

NUMBER OF SCREENS PRINTED/VERIFIED BY: _____

TRANSACTION NO: _____ **RECEIPT NO:** _____