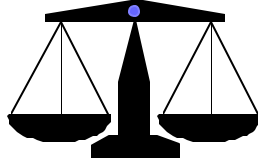


**Charles Bacarisse  
Harris County District Clerk**



**Civil Bureau  
Fax Filing Authorization Form  
Civil Intake Fax Number (713) 755-5480  
Family Intake Fax Number (713) 755-5754**

*To Be Completed By The Customer (Please Print):*

**CAUSE NUMBER:** \_\_\_\_\_

**STYLE:** \_\_\_\_\_ **VS.** \_\_\_\_\_

**CUSTOMER'S NAME (Please Print):** \_\_\_\_\_

**ATTORNEY BAR NUMBER:** \_\_\_\_\_ **LAW FIRM ID. NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ATTORNEY'S PHONE NO.** \_\_\_\_\_ **ATTORNEY'S FAX NO.** \_\_\_\_\_

**ATTORNEY'S EMAIL ADDRESS:** \_\_\_\_\_

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

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_ **DATE OF EXPIRATION:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_