

FACSIMILE FILING COVER PAGE

RECIPIENT INFORMATION

NAME OF COURT: _____

FAX NUMBER: _____

SENDING PARTY INFORMATION

NAME: _____

**SUPREME COURT
REGISTRATION NO. (if applicable)** _____

OFFICE/FIRM: _____

ADDRESS: _____

TELEPHONE NO. _____

FAX NUMBER: _____

E-MAIL ADDRESS (if applicable): _____

CASE INFORMATION

TITLE OF THE CASE: _____

CASE NUMBER: _____

TITLE OF THE DOCUMENT: _____

JUDGE/MAGISTRATE: _____

FILING INFORMATION

DATE OF FAX TRANSMISSION: _____

NUMBER OF PAGES (including this page): _____

STATEMENT EXPLAINING HOW COSTS ARE BEING SUBMITTED (if applicable):

*If a judge or case number has not been assigned, please state that fact in the space provided