

**CUSTOMER ORDER FORM FOR COPIES**

**\$1.00 Per Page For All Copies**

***NO PERSONAL CHECKS ACCEPTED***

**AUTOMATIC TELLERS AVAILABLE AT 1001 PRESTON, 1ST FLOOR.**

***TO BE COMPLETED BY THE CUSTOMER (PLEASE PRINT)***

**CUSTOMER #** \_\_\_\_\_

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

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

**NEED COPY OF: PLEASE CHECK**

- |   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| <input type="checkbox"/> PETITION               | <b>DATE OF FILING:</b> _____          | <b>NUMBER OF COPIES:</b> _____ |
| <input type="checkbox"/> DECREE/JUDGMENT        | <b>DATE OF DECREE/JUDGMENT:</b> _____ | <b>NUMBER OF COPIES:</b> _____ |
| <input type="checkbox"/> ORDER                  | <b>DATE OF ORDER:</b> _____           | <b>NUMBER OF COPIES:</b> _____ |
| <input type="checkbox"/> OTHER, PLEASE SPECIFY: |                                       | <b>NUMBER OF COPIES:</b> _____ |
| _____   |                                       | <b>NUMBER OF COPIES:</b> _____ |
| _____   |                                       | <b>NUMBER OF COPIES:</b> _____ |
| _____   |                                       | <b>NUMBER OF COPIES:</b> _____ |

**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 AND WILL-CALL REQUESTS (24 HOUR SERVICE) 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:** \_\_\_\_\_