

Macomb County Clerk Carmella Sabaugh's Circuit Court Fax Filing Cover Sheet

E-mail to: faxfiling@macombgov.org or Fax to: 586-408-6027

PLEASE NOTE:

- Pleadings are deemed filed the day they are received as long as the first page is received on or before 4:30 p.m. on regular county business days. If the first page is received after 4:30 p.m., the pleadings will be deemed filed on the next regular county business day.
- Pursuant to MCR 2.406, the faxed document is considered an original document: **DO NOT send your faxed documents through the mail.**
- Fax filing service is for filing of pleadings with the clerk's office only - we cannot deliver non-pleadings to other departments.
- **ALL FILERS WILL BE CHARGED A FAX FILING FEE** (up to 30 pages = \$10.00, 31 – 50 pages = \$15.00 – **maximum 50 pages allowed**)

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ E-mail address: _____
 Mailing Address: _____ City, State, Zip: _____
 Daytime phone number: _____ Fax number: _____

CASE INFORMATION

Case Number: _____ - _____ - _____ or New Case: How many sealed copies of the summons would you like mailed back to you? _____
 To get case number, go to: macombgov.org/pa
 Parties Involved: Plaintiff: _____ v Defendant _____
 Including cover sheet, how many pages are being faxed _____

COPIES

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Would you like date-stamped copy of first page of each pleading mailed back to you? (You are responsible for making copies of subsequent pages since they are already in your possession)
<input type="checkbox"/>	<input type="checkbox"/>	Would you like a copy of your filing forwarded to the Judge?
<input type="checkbox"/>	<input type="checkbox"/>	If your case involves minor children, would you like a copy forwarded to Friend of the Court?

FEES

(check all that apply)

<input type="checkbox"/>	Civil or Domestic Case Filing Fee.....	\$175
<input type="checkbox"/>	Jury Demand Fee	\$85
<input type="checkbox"/>	Motion Fee.....	\$20
<input type="checkbox"/>	Writ of Garnishment/Execution/Judgment Debtor's Exam Subpoena.....	\$15
<input type="checkbox"/>	Appeals to Circuit Court.....	\$175
<input type="checkbox"/>	Appeal from Circuit Court.....	\$25
<input type="checkbox"/>	Reinstatement Fee.....	\$15
<input type="checkbox"/>	Drivers License Restoration Fee.....	\$45
<input type="checkbox"/>	Judgment and Order Entry Fee – Support.....	\$40
<input type="checkbox"/>	Judgment and Order Entry Fee – Custody and/or parenting time.....	\$80

PAYMENT INFORMATION

COSTS (from above): \$ _____
 Fax filing fee: \$ _____
 50 page limit *Up to 30 pages: \$10.00*
 31 – 50 pages: \$15.00
 TOTAL COST: \$ _____

Credit Card Type:

    Exp. Date: ____ - ____

Credit Card Number:

_____ - _____ - _____ - _____

Billing Zip Code: _____

CVV: _____
 (3 digit code on the back of the card)

I authorize the Macomb County Clerk's Office to charge me the amount indicated above for the items I have selected and the fax filing fee. (If additional funds are required, you will be contacted before being charged.)

 Cardholder name (PRINT)

 Cardholder signature (REQUIRED)

For help completing this form call:
 Phone: (586) 469-5351