

**Macomb County Clerk Carmella Sabaugh's
Circuit Court Fax Filing Cover Sheet
Fax to: (586) 408-6027**

PLEASE NOTE:

- Pleadings are filed the day they are received as long as the last page is received before 4:30 p.m. Monday – Friday (excluding holidays). If the last page is received after 4:30 p.m., it will be deemed filed on the next business day.
- Pursuant to MCR 2.406, the faxed document is considered an original document: **DO NOT send your faxed documents through the mail. Doing so will cause delays.**
- 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: <http://www.macombcountymi.gov/clerksoffice>
 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"/>	If you are filing a motion would you like a copy 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	\$150
<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	\$150
<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:



Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ - ____

 Cardholder name (PRINT)

 Cardholder signature (REQUIRED)

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.)