

**REQUEST FOR DOCUMENT FILING**

Date      /      /     

Requesting Firm: \_\_\_\_\_

Handling Attorney: \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attorney File No: \_\_\_\_\_ Claim No: \_\_\_\_\_ Case Name \_\_\_\_\_

Self Addressed, Stamped Envelope Attached

**RUSH / SAME DAY SERVICE**

Hearing Set For: \_\_\_\_\_ At \_\_\_\_\_ Dept/Div \_\_\_\_\_

Court \_\_\_\_\_ Case # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

FEE(S) ATTACHED	\$ _____	\$ _____
DEFENDANT/RESPONDENT APPEARANCE FEE PAID?	NO	YES
	DATE PAID	_____

<b>PLEASE NOTE ANY SPECIFIC OR TIMELY FILING REQUIREMENTS</b>	
LAST DAY TO FILE _____	ADDITIONAL CHARGES IF APPLICABLE
DATE _____	APPROVED BY _____
EXPEDITE & RETURN BY _____	NAME _____
DATE _____	

FILE ISSUE RECORD RUSH/FILE AND SERVE PER ATTACHED

CONFORM \_\_\_\_\_ COPY(S) ATTACHED SERVICE INVOICE(S) \_\_\_\_\_

OBTAIN \_\_\_\_\_ PLAIN COPY(S) OF: \_\_\_\_\_

FILE MOTION IN DIV/DEPT \_\_\_\_\_

Document(s): \_\_\_\_\_

Additional instructions: \_\_\_\_\_

**For Attorney Service Use Only - Do Not Write Below This Line**

CLERK WILL MAIL CONFORMED COPY(S)	SUBMITTED FOR PROCESSING ON
CONFORMED COPY(S) TO FOLLOW WHEN COMPLETED	FILING CONFIRMED, SPOKE
DAYS TO COMPLETE ORDER _____	RETURN IN _____

NOTES/COMMENTS: \_\_\_\_\_

CONFORMED COPY RECEIVED BY: \_\_\_\_\_

USA EXP. FILED DATE
---------------------

USA EXP. RECEIVED STAMP
-------------------------

WORK AUTHORIZED BY: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>USA EXPRESS</b>  <b>ATTORNEY SERVICES</b>  P.O. BOX 260412  ENCINO, CA 91426  TOLL FREE 1.877.872.3977  FAX 800 861- 5311</p> <p>E-MAIL:  <a href="mailto:mail@usaexpressinc.com">mail@usaexpressinc.com</a></p> <p>WEBSITE:  <a href="http://www.usaexpressinc.com">www.usaexpressinc.com</a></p> <p><i>PLEASE COMPLETE THIS FORM AND ATTACH TO YOUR DOCUMENT FOR SERVICE.</i></p>
---

COURT CONFORMING STAMP
------------------------

SERVICE FEE	
PHOTO COPY	
BLUEBACK(S)	
TELEPHONE/FAX	
WAIT TIME	
FEES ADV'D	
FEES ADV'D	
MILES	
CHECK CHARGE	
TOTAL	