

**WILL CALL/MAIL ORDER FORM FOR COPIES
NO PERSONAL CHECKS ACCEPTED
\$1.00 PER PAGE FOR ALL COPIES**

TO BE COMPLETED BY THE CUSTOMER (PLEASE PRINT):

CAUSE NUMBER: _____

STYLE: _____ VS. _____

SPECIFY: CERTIFIED or UNCERTIFIED
 PICK UP or MAIL (PLEASE PROVIDE SELF-ADDRESSED, STAMPED ENVELOPE)
(POSTAGE CAN BE CHARGED TO YOUR CREDIT CARD)

NEED COPY OF (PLEASE CHECK):

DECREE/JUDGMENT NUMBER OF COPIES _____
 ORDER(S)/ DATE SIGNED: _____ NUMBER OF COPIES _____
 OTHER, PLEASE SPECIFY: _____
_____ NUMBER OF COPIES _____
_____ NUMBER OF COPIES _____

CUSTOMER'S NAME (Please Print): _____

ATTORNEY'S BAR NO. _____ LAW FIRM'S I.D. NO: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ CELLULAR PHONE: (____) _____

Indicate Form of Payment:

<input type="checkbox"/> CREDIT CARD: _____	Credit Card Expiration: _____
Name Printed on the Credit Card: _____	
Authorized Signature: _____	
Credit Card Billing Address: _____	
<input type="checkbox"/> MONEY ORDER/CASHIER'S CHECK Type: _____	Number: _____

NOTICE:

1. Advance payment of copies is required prior to copies being made.
2. Orders over hundred pages might require more than 24 hours to complete.
3. There is a \$5.00 search fee when the cause number is not provided.

When requesting certified copies by mail, return this completed request form with payment to:
**CHRIS DANIEL, HARRIS COUNTY DISTRICT CLERK
PO BOX 4651
201 Caroline, Room 210
HOUSTON, TEXAS 77210-4651
ATTENTION: CORRESPONDENCE**

<u>FOR DISTRICT CLERK'S USE ONLY</u>	
NUMBER OF COPIES: _____	NUMBER OF PAGES: _____
VOLUME and PAGE: _____	Or ROLL AND FRAME : _____
ORDER TAKEN BY: _____	TRANSACTION NUMBER: _____
NUMBER OF PAGES VERIFIED BY: _____	RECEIPT NUMBER: _____
SPECIAL INSTRUCTIONS: _____	