

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

**PLEASE NOTE:**

- Pleadings are deemed filed the day they are received as long 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. 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.)