

PERSON FILING PAPERS <i>(Name and address, include Tribal Bar # if applicable)</i> <hr/> TELEPHONE NO _____ FAX NO <i>(Optional)</i> _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
KARUK TRIBAL COURT PO BOX 629 YREKA, CA 96097 530-841-3143 FAX: 530-842-4889	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
FACSIMILE TRANSMISSION COVER SHEET	CASE NUMBER _____

TO THE COURT:

1. **Please file** the following transmitted documents in the order listed below:

Document name

No. of pages

2. **Processing instructions** consisting of: _____ pages are also transmitted.

3. **Fee required** Filing fee Fax fee: \$ _____

 (TYPE OR PRINT NAME OF PERSON SENDING FAX)

▶

 (SIGNATURE OF PERSON SENDING FAX)

The information in this Facimile is intended for the CONFIDENTIAL use of the addressee(s) only. Recipients should not file copies of this Facimile with publicly accessible records. If you are not an addressee or an authorized agent responsible for delivering this Facimile to a designated addressee, you have received this Facimile in error, and any further review, dissemination, distribution, copying or forwarding of this Facimile is strictly prohibited. If you receive this Facimile in error, please notify us immediately at (530) 841-3143. Thank you.