



AGENCY FILING & PAYMENT
FORM

Date: _____

From:

Name: _____

Firm Name: _____

Address: _____

Phone Number: _____
(Area Code + Phone Number)

To: (Filing Location):

County Clerk Office: _____ County

District Clerk Office: _____ County

LegalEase Card Information

Card Number: 5 0 0 6 7 9 - _____ - _____
(5-Digits) (5-Digits)

Client Name or Number: _____ Case Name or Number: _____
(20 Character Maximum) (20 Character Maximum)

Anticipated Fee \$ _____ (Optional or Leave Blank)

Special Comments: _____

For Filing Agent Use Only:

Amount: _____

Approval Code: _____

Processed By: _____