

# FAX/EMAIL COVER SHEET

This service is only for filing documents in a Whitman County Superior Court case file.  
Use a separate cover sheet for each document to be filed.  
The fax/email transmittal fee is required.

Fax/email filing is available 24 hours per day, 7 days per week. Documents received after 5:00 p.m., will be date stamped for the following business day

**Restrictions:** No documents requiring judge's signature. No judge's working copies. No documents requiring filing fees. These include, but are not limited to, original petitions or complaints, jury demands, writs, and petitions to modify child support.

**Fax/Email Transmittal Fee:** The fee, per document, is \$5.00 for the first page and \$1.00 for each additional page. No charge for this Fax/Email Cover Sheet. . **Only documents that have a deadline and need to be filed by today's date may be faxed.** All other documents need to be sent by **US MAIL, FEDEX or UPS.**

**Fax/Email Procedure:** Complete a Fax/Email Cover Sheet for each document to be faxed/mailed. A Fax/Email Cover Sheet must precede each document transmitted. Send to the Clerk's Fax Number: (509) 397-3546 or email to: clerk@co.whitman.wa.us.

**After Transmitting Document:** Note "Sent on (date) via fax/email for filing in Whitman County Superior Court" on your cover letter. Enclose the original document & payment for fax/email filing.

**Payment Procedure:** Pay your fax/email transmittal fee by sending a preprinted business check, personal check, or money order, along with a copy of this Fax/Email Cover Sheet, to the Whitman County Superior Court Clerk, ATTN: Fax/Email Clerk, P.O. Box 390, Colfax, WA 99111. Payment is due within 5 business days. To arrange online payment, email clerk@co.whitman.wa.us.

**This form must be completed or your document cannot be accepted.**

For Filing in Cause Number: \_\_\_\_\_

Case Caption: \_\_\_\_\_

Document Title: \_\_\_\_\_

Number of Pages in Document: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Voice Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**REQUIRED**

**FEE REMITTANCE CERTIFICATION**

**IMPORTANT**

**FAX/EMAIL FEE PAYMENT NOTICE:** I am immediately paying online or mailing my check/money order in the amount of \$

Signature: \_\_\_\_\_

**Unpaid fee charges may be subject to collection procedures.**