

Fax Express Transmittal to:  
MARGARET G MONTEMAYOR  
\*CIVIL REQUESTS:  
Fax (210) 335-0536  
VOICE (210) 335-2674

BEXAR COUNTY DISTRICT CLERK

\*CRIMINAL REQUESTS:  
Fax (210) 335-3956  
VOICE (210) 335-2691

**DC Fax Express**

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Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Fax No. \_\_\_\_\_ Phone No. \_\_\_\_\_

e-mail \_\_\_\_\_

**DOCUMENT INFORMATION**

**Please check:**  Civil  Criminal Cause No. \_\_\_\_\_

Style: \_\_\_\_\_ VS \_\_\_\_\_

\_\_\_\_\_ Decree/Judgment/Sentence Date of Decree/Judgment/Sentence \_\_\_\_\_

\_\_\_\_\_ Probation Conditions \_\_\_\_\_ Order (Describe) \_\_\_\_\_

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

**Please specify**  Certified (\$1.00 per page)  Uncertified (\$1.00 per page)

Return via fax (Uncertified only)  Mail back

Return via e mail (Uncertified only)  Pick up

**DISCOVER/NOVUS ACCOUNT INFORMATION**

*SERVICE FEES MAY APPLY*

Cardholder's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**FOR CLERK'S USE ONLY:** Total \$ \_\_\_\_\_ for certified copies \_\_\_\_\_ non-certified copies

**CLERK ASSIGNED** \_\_\_\_\_

**LEGALEASE ACCOUNT INFORMATION**

Card Number: \_\_\_\_\_

Client Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

Style: \_\_\_\_\_

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

Instructions Prepared By: \_\_\_\_\_

**FOR CLERK'S USE ONLY: TOTALS** \$ \_\_\_\_\_ for certified copies \_\_\_\_\_ non-certified copies

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Thank you for using DC Fax Express. If you have questions,  
please call 210-335-2674 for Civil or 210-335-2691 for Criminal.