

FAX FILING

In order to use this service you must be an active, registered member of the Washington State Bar Association and you will need to pre register with the Clerk's Office.

Through July 25, 2009 the fax fee is \$3.00 for the first page and \$1.00 for each additional page for each document faxed. **Effective July 26, 2009 the fee will increase to \$5.00 for the first page and \$1.00 for each additional page for each document faxed.** Payment will be submitted to the Snohomish County Clerk by the individual faxing the document or by the firm within 5 days of the fax transmission. (Personal checks will not be accepted. Please remit a firm check.) To obtain a receipt for payment of fax filing fee, please enclose a pre addressed, stamped envelope.

To register as a user of this service please send a written request to the Snohomish County Clerk's Office, M/S 605, 3000 Rockefeller Ave., Everett, WA 98201, along with a pre addressed stamped envelope. A copy of the Snohomish County Fax Filing Procedures, a Fax Cover Sheet and the Fax Registration Form will be mailed to you for your use. Upon receipt of the forms, please complete the Fax Registration Form and return to the Snohomish County Clerk.

You may also register by fax by calling the Snohomish County Clerk (425) 388-3466. The forms will be faxed to you. You can fax the registration form back and then proceed to fax documents for filing.

If you have any questions, please call (425) 388-3466.

SNOHOMISH COUNTY SUPERIOR COURT CLERK FAX REGISTRATION FORM

Mail to: Snohomish County Clerk's Office, M/S 605, 3000 Rockefeller Avenue, Everett, WA 98201.

FIRM/ ATTORNEY NAME: _____

MAILING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

The undersigned agrees to abide by the provisions of GR 17 in making fax transmissions and further acknowledges that use of the fax filing service is a privilege extended by the Snohomish County Clerks' Office; which privilege may be rescinded without notice if the service is abused by nonpayment of fees or otherwise.

DATE: _____ SIGNATURE: _____

WSBA: _____