



TENNESSEE COURTS
UNIFORM FACSIMILE FILING COVER SHEET

THIS FORM WILL CALCULATE COSTS AS YOU FILL IT OUT. A STAMPED FILED 1ST PAGE WILL BE FAXED
BACK TO YOU, PLEASE USE THIS FORM AS A BILL OF COSTS FOR YOUR FAX.

TO (COURT CLERK) **DEBBIE MOSS**
WITH (COURT): **WILSON COUNTY CRIMINAL COURT**
CLERK'S FAX NUMBER: **(615)444-5889**
CASE NAME: _____
DOCKET NUMBER: _____
TITLE OF DOCUMENT: _____
FROM (SENDER): _____
SENDER'S ADDRESS: _____

SENDER'S VOICE TELEPHONE NUMBER: _____
SENDER'S FAX TELEPHONE NUMBER: _____
DATE: _____ TOTAL PAGES, INCLUDING COVER PAGE: _____
FILING INSTRUCTIONS/COMMENTS (attach additional sheet if necessary):

Unless authorized by the Court, a facsimile transmission exceeding fifty (50) pages,
including the cover page, shall not be filed by the clerk.

CONFIRMATION (For Clerk's office use only)

This confirms your facsimile filing listed above was processed by _____ with the filing of
_____.

Your service charge pursuant to T.R.C.P. 5A.04 is \$ _____

(Cost is: + \$1.00 per page)

Please send your payment along with this cover sheet within 10 days to :

Wilson County Criminal Court
115 East High Street
Lebanon, TN 37087

____ Your facsimile listed above **WAS NOT FILED OR PROCESSED** due to the following
deficiency: _____

____ The facsimile was longer than 50 pages and not pre-approved by the Court.

____ The document you attempted to file by facsimile transmission is prohibited from
filing in this manner by T.R.C.P. 5A.02 (4)