Macomb County Clerk's Office Circuit Court Fax Filing Cover Sheet E-mail to: <u>faxfiling@macombgov.org</u> or Fax to: 586-469-5353

Review the Judge's Motion Schedule here to see if your desired hearing date is available. DO NOT also send your faxed documents through the mail or submit multiple times because duplicates will result in a delay in processing and multiple filing fees could be charged.

- Pleadings are deemed filed the day they are received as long as the first page is received on or before 4:30 p.m. on regular county business days.
- Pursuant to MCR 2.406, the faxed document is considered an original document: DO NOT also send your faxed documents through the mail.
- Fax filing service is for filing of pleadings with the clerk's office <u>only</u> we <u>cannot</u> deliver non-pleadings to other departments.

Beginning July 6, 2021, the Clerk's Office will accept subsequent e-filings through MiFILE for the following case types: [A], [C], [F], [N], [P], [DM] and [DO]. This includes cases that did not begin as e-filing. At this time PPOs are the only cases which are e-filed at case initiation.

REQUESTOR'S INFORMATION PRINT LEGIBLY	
Name:	E-mail address: Email (<u>MANDATORY</u> for <i>Zoom</i> Hearing Notices)
Mailing Address:	City, State, Zip:
Daytime phone number:	Fax number:
CASE INFORMATION Case Number:	
Yes No COPIES Would you like a date-stamped copy of each pleading emailed back to you? If so, provide your email address: Please Note: It is the responsibility of the filer to provide copies to FOC and the judge.	FEES (check all that apply) Civil, Domestic, Appeals Case Filing Fee\$175 Jury Demand Fee \$85 Motion Fee\$20 Writ of Garnishment/Execution/Judgment Debtor's Exam Subpoena \$15 Appeal from Circuit Court\$25 Bar Admission Fee\$25 Judgment and Order Entry Fee – Support\$40 Judgment and Order Entry Fee – Custody and/or parenting time\$80
COSTS (from above): \$ Cree Fax filing fee: \$	Image: Discover Discover Image: Discover </td
I authorize the Macomb County Clerk's Office to charge me the amount indicated above for the items I have selected and the fax filing fee. (If additional funds are required, you will be contacted before being charged.)	ng Zip Code: CVV: (3 digit code on the back of the card) dholder Name (PRINT) rdholder Signature (<i>REQUIRED</i>)