

ATTACHMENT B
FACSIMILE FILING COVER PAGE

RECIPIENT INFORMATION:

NAME OF COURT: Hancock County Clerk of Courts

FAX NUMBER: (419) 424-7801

SENDING PARTY INFORMATION:

NAME: _____

SUPREME COURT REGISTRATION NO. (if applicable): _____

OFFICE/FIRM NAME: _____

ADDRESS: _____

TELEPHONE NO. _____

FAX NUMBER: _____

E-MAIL ADDRESS (if available): _____

CASE INFORMATION:

TITLE OF THE CASE: _____

CASE NUMBER: _____

If none assigned, state that fact in space provided.

TITLE OF THE DOCUMENT: _____

JUDGE OR MAGISTRATE ASSIGNED: _____

If none assigned, state that fact in space provided.

FILING INFORMATION:

DATE OF FAX TRANSMISSION: _____

NUMBER OF PAGES (including this page): _____