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[REDACTED]	FIRM NAME	PHONE	EXT.#	EMAIL (SECRETARY)
DATE/TIME	ADDRESS	ATTY		SECRETARY
	CASE NAME	YOUR ABC ACCT. NO.		
	CAUSE NO.	CLIENT MATTER #	DATE	

DOCUMENTS

<input type="checkbox"/> SIGNATURE REQUIRED ON DOCUMENTS	<input type="checkbox"/> RETURN CONFORMED ABC SLIP ONLY	<input type="checkbox"/> RETURN CONFORMED COPY	<input type="checkbox"/> CONFORM ORIGINAL DO NOT FILE
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OTHER INSTRUCTIONS

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FILING	COUNTY	SUPERIOR COURT	DISTRICT COURT (INDICATE DISTRICT)	AUDITOR	APPEALS COURT I-(SEA)	FEDERAL COURT		SEA	TAC	STATE SUPREME CRT	SEC. STATE CORP.
						CIVIL	BANKRUPTCY				

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