

Corpus Christi Division Corpus_Operation@txs.uscourts.gov

Fax: 361-888-3433

Phone: 361-888-3142

Copy Request Form and Credit Card Authorization

Date:					
Requestor's Name/Firm:					
Address:					
Phone:					
Case Number:			Case Name:		_
Documents Requested (Please	se include Doc	ket Entry #	f, if known):		
Do you require certified copies?			How many co	opies do you need?	
Yes No					
Name Search Requested:					
	Bankruptcy	7	Civil		Criminal
Form of Payment:	Check	Money		Order	Credit Card*
Card Information:	Visa	Maste	r Card	American Expre	ess Discover
Card Number:		Expiratio	n Date:	CVC#:	Zip Code:
Signature of Card Holder:					
Cardholder name:*Credit Card requests MUST be	e faxed to (361) 88	88-3433 and	will not be accep	(if different from	the person requesting copies
Please send documents via:	Pick-up		Mail		
E Mail*:			Fax**:		
Shipping Provider and Acco	ount Number:				
*Documents requested must be les	s than 3 megabyte	es. **Docume	ent must be 25 pa	ges or less.	