ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
DIRECT FAX FILING REGISTRATION FORM	

Registrant's Information:

Name: State Bar Number #
(Attorney Only)

Address:

City: State: Zip:

Phone Number: ( ) Fax Number: ( )

Email Address:

I, _____, am registering as a Fax Filing User with the Superior Court of California, County of Riverside.

I am an individual representing myself, or an attorney representing a client.

I agree to pay a $150.00 registration fee that will allow me to fax file documents to the Court during the period of July 1st through June 30th. I understand that a new registration fee will be due each fiscal year.

When sending my fax filings, I agree to use the Facsimile Transmission Cover Sheet (RI-MC005) as my cover page.

If I am an attorney, I agree to provide my State Bar Number on each Fax Filing sent to the Court. If I am not an attorney I do not need to provide a State Bar Number.

I consent to receive my conformed copy of filed documents by electronic mail, and I agree to provide my email address on each Fax Filing sent to the Court. I understand that failure to provide my email address on a document waives my request for a conformed filed copy of that document.

If I am an attorney, I understand that my registration applies to me as an individual attorney, and not a group of attorneys (law firm). If I am not an attorney, my registration cannot be shared.

I declare that the foregoing is true and correct and that I am agreeing to the requirements for registering as a Fax Filing User.

_____ _____
(PRINT NAME) (SIGNATURE)

Registration Fee - Credit Card Payment

I authorize the fax filing registration fee amount of $150.00 to be charged to the following account:

- ☐ VISA
- ☐ MASTERCARD
- ☐ DISCOVER
- ☐ AMERICAN EXPRESS

Account No.:
Expiration date:
CVV2:

Please create a Login & Password. *The login and password needs to be at least 6 characters (numbers or letters or a combination of both).*

LOGIN _____

PASSWORD _____

_____ _____
(PRINT NAME OF CARDHOLDER) (SIGNATURE OF CARDHOLDER)