



**AGENCY FILING & PAYMENT**  
**FORM**

Date: \_\_\_\_\_

**From:**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Area Code + Phone Number)

**To: (Filing Location):**

County Clerk Office: \_\_\_\_\_ County

District Clerk Office: \_\_\_\_\_ County

***LegalEase Card Information***

Card Number: 5 0 0 6 7 9 - \_\_\_\_\_ - \_\_\_\_\_  
(5-Digits) (5-Digits)

Client Name  
or Number: \_\_\_\_\_  
(20 Character Maximum)

Case Name  
or Number: \_\_\_\_\_  
(20 Character Maximum)

Anticipated Fee \$ \_\_\_\_\_ (Optional or Leave Blank)

Special Comments: \_\_\_\_\_

**For Filing Agent Use Only:**

Amount: \_\_\_\_\_

Approval Code: \_\_\_\_\_

Processed By: \_\_\_\_\_