

ATTORNEY FAX COVER SHEET

Law Firm: _____

Attorney Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

Sender Information

From: _____

Direct Phone: _____

Email: _____

Recipient Information

To: _____

Law Firm / Organization: _____

Fax Number: _____

Phone Number: _____

Fax Details

Date: ____ / ____ / ____

Subject: _____

Client Name: _____

Case Name / Matter: _____

Case Number: _____

Pages (Including Cover Sheet): _____

Urgency:

☐ Routine ☐ Urgent ☐ For Review ☐ Please Respond

Message

CONFIDENTIALITY NOTICE

This fax transmission and any accompanying documents may contain confidential, privileged, or legally protected information intended only for the individual or entity named above. If you have received this fax in error, please notify the sender immediately by telephone and permanently destroy all copies of this transmission. Any unauthorized review, disclosure, copying, distribution, or use of this information is strictly prohibited.

Attorney Signature: _____

Date: ____ / ____ / ____