

# FILING - BILLING

DOROTHY BROWN, Clerk of the Circuit Court of Cook County  
Receipt for the Circuit Court of Cook County, Illinois

Date: \_\_\_\_\_ Case No(s): \_\_\_\_\_

PLEASE NOTE: Fees are billed at the Statutory Municipal Fee rates.

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Chicago Board of Education            | <input type="checkbox"/> BILL FILING FEE    |
| <input type="checkbox"/> 2. Chicago Park District                 | <input type="checkbox"/> LAW                |
| <input type="checkbox"/> 3. Corporation Counsel - City of Chicago | <input type="checkbox"/> CIVIL              |
| <input type="checkbox"/> 4. Dept. of Public Works                 | <input type="checkbox"/> COUNTY             |
| <input type="checkbox"/> 5. C.H.A. Chicago Housing Authority      | <input type="checkbox"/> CHANCERY           |
| <input type="checkbox"/> 6. C.T.A. Chicago Transit Authority      | <input type="checkbox"/> DOMESTIC RELATIONS |
| <input type="checkbox"/> 7. N.E. Regional Railroad - METRA        | <input type="checkbox"/> CHILD SUPPORT      |
| <input type="checkbox"/> 8. P.A.C.E.                              | <input type="checkbox"/> PROBATE            |
| <input type="checkbox"/> 9. Public Administrator                  | <input type="checkbox"/> CRIMINAL           |
| <input type="checkbox"/> 10. Other: _____                         |   |

Amount to be billed: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Atty. office & code)

Register Number: \_\_\_\_\_

Transaction Number(s): start: \_\_\_\_\_ end: \_\_\_\_\_

Cashier: \_\_\_\_\_

(6/10/09) 337\*N023

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