Fax Cover Sheet in the Provincial Court of British Columbia (Small Claims)

This form must be used when transmitting documents to the court registry by fax for filing.

THIS FORM IS NOT TO BE EMAILED

This is a pilot project, not available at all Court locations, and is subject to limitations set out in Court Rules and Practice Directives which are found at the Court Services Branch, Ministry of Justice website at https://www2.gov.bc.ca/gov/content/justice/courthouse-services/documents-forms-records/submit-court-documents-forms/fax-filing/how-to-fax-file.

It is the responsibility of the person transmitting a document to ensure that the document is filed in the court registry within the required filing time. The registry takes no responsibility for difficulty experienced when transmitting a document by fax to the registry. The registry cannot guarantee that any document will be filed on the day it is received in the registry.

Documents transmitted to the court registry will be processed in the order they are received. Confirmation of acceptance or refusal will be forwarded to you as soon as possible at the return fax number set out below or by mail if indicated.

To:	Fax numbers for transmitting documents		
court location	available through the Court Services https://www2.gov.bc.ca/gov/content/justice		
fax number	documents-forms-records/submit-court-doc	cuments-for	rms/fax-filing
From:	or through Enquiry BC at 1-800-663-7867		
name - firm or individual	address		
contact name	city		
phone number	province postal code		
Notification of acceptance or refusal of filing will be sent by either fax or mail. Please choose one of the following:		No. of pages in document	Statutory fee amount
Notification by mail to address above			
Notification by fax to:			
Attached:			
file number or name (style of cause) e.g 013654 or "Steward vs. Parakeet"			
comments	Total no. of pages in submission (Maximum 20 including the cover sheet)		\$ Fee total
		Plus hation fee	\$ 10.00
		statutory fees due	
Court Services Branch may use your contact information for the purposes of conducting an evaluation of the fax service.	Registry Use Only - Imprint		
Payment Information:			
I authorize you to bill my credit card the total of the statutory fee for filing	and the confirmation fee. I include the payment information	for that purpo	ose.
credit card type: Visa / MasterCard / American Express (circle one)			
print name as it appears on the credit card	sign, print or type name of authorizing signature (credit card)	
credit card account number	expiry date on credit card		

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request, all credit card information will be destroyed.