**FILING by mail or secure RECEPTACLE coversheet**

**Mecklenburg County Clerk of Superior Court**

Filings are to be mailed to: Clerk of Superior Court, Mecklenburg County Courthouse, P.O. Box 37971, Charlotte, NC 28237-7971. Filings may also be placed in the secure receptacles located at the Mecklenburg County Courthouse, 832 East Fourth Street, Charlotte, NC 28202. **No cash payments accepted!** The only payments that are accepted are money orders and certified checks.

Please complete the following form and include it with your documents any payments to be filed. If depositing in the secure receptacle, please take the information sheet with you.

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|  | **Request for Documents and/or Payments to be Filed with Clerk of Superior Court** |  |
| *File/Citation Number (if known):* | *Document Type:* | *Payment Amount/Filing Fees Enclosed:* |
| *Check here to request documents to be delivered to the Family Court Administrator’s Office. Clerks will deliver file-stamped copies of the documents to the Family Court Administrator’s Office same day if deposited in the receptable by 4:00PM.* | | |
| *Other Special Instructions:* | | |
| **Contact Information of Party Filing this Document** | | |
| *First Name:* | *Last Name:* | *Middle Initial:* |
| *Street Address:* | *City:* | *Zip Code:* |
| *Telephone Number (Primary):* | *Telephone Number (Alternate):* | *Email Address:* |
| **Acknowledgment** | | |
| I request that the documents and/or payments mailed or deposited in the secure receptacle be filed and processed by the Mecklenburg County Clerk of Superior Court. In making this request, I understand and acknowledge that:   1. I must complete the above form in its entirety, including contact information. Failure to complete the form will result in a delay in processing or inability for the Clerk to file my documents and/or payments. 2. If I am paying a traffic citation, I must include a copy of the citation or the citation number with the payment. 3. No cash payments will be accepted. Only payments made by money order or certified check will be accepted. | | |
| *Signature of Party Filing this Document:* | | *Date:* |
| **To Be Completed by Clerk** | | |
| *Assistant/Deputy CSC (Initial):* | | *Date:* |

**THIS SHEET MUST be filled out and included with the filing/payment being MAILED OR DEPOSITED**

MCSC-AD-034 – August 4, 2020