

IN THE CIRCUIT/COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR  
LEE COUNTY, FLORIDA  
CIVIL ACTION

\_\_\_\_\_  
Plaintiff(s)

vs.

Case No: \_\_\_\_\_

\_\_\_\_\_  
Defendant(s)

**REQUEST TO CLERK FOR E-FILING AR BILLING**

I, \_\_\_\_\_, do hereby request the Clerk of Court charge the e-filing fee(s)  
(Name)

associated with this filing to the \_\_\_\_\_ Accounts Receivable account.  
(Account Name to be Charged)

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Representative's Printed Name

To Submit form:

Select Fee Waiver check box

Choose Indigent as Reason

Attach Request to Clerk form in place of Indigent Fee Waiver