

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and address</i>): TELEPHONE NO:	<i>FOR COURT USE ONLY</i>	
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO		
PLAINTIFF: DEFENDANT:		
Deposit/Payment to Fresno Superior Court	CASE NUMBER:	DEPT. NO:

PRINT THREE COPIES

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Deposit or payment made
Amount..... \$
By (name).....
On behalf of (name):

<input type="checkbox"/> First day Jury fees POSTED
Jury fees..... \$
Mileage.....

<input type="checkbox"/> Jury fees PAID TRIAL

Number of days.....
Jury fees..... \$
Mileage.....
<input type="checkbox"/> Concluding Fees..... \$

<input type="checkbox"/> Court reporter fees posted/paid \$
Number of full days.....
Date range.....
Number of half-days.....
Date range..... | <input type="checkbox"/> Transcripts of Appeal
<input type="checkbox"/> Clerks..... \$
<input type="checkbox"/> Reporters..... \$

<input type="checkbox"/> Civil fine \$

<input type="checkbox"/> Trial Continuance fee \$

<input type="checkbox"/> Bail posted..... \$

<input type="checkbox"/> Eminent Domain..... \$
Parcel Number.....
Describe.....

<input type="checkbox"/> Bad check for (specify):
Bad check charge.... \$
Amount of bad check \$

<input type="checkbox"/> Complex Case fee \$

<input type="checkbox"/> Tape/CD Qty: \$
Date of Hearing: Video No.:
<input type="checkbox"/> Interpleader \$

<input type="checkbox"/> Other (specify reason):
Amount: \$ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Dated: _____

(Signature)