

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

**PRINT THREE COPIES**

- |   |  |
|---|--|
| <input type="checkbox"/> Deposit or payment made<br>Amount..... \$<br>By (name).....<br>On behalf of (name):<br><br><input type="checkbox"/> First day Jury fees POSTED<br>Jury fees..... \$<br>Mileage.....<br><br><input type="checkbox"/> Jury fees PAID TRIAL<br>Number of days.....<br>Jury fees..... \$<br>Mileage.....<br><input type="checkbox"/> Concluding Fees..... \$<br><br><input type="checkbox"/> Court reporter fees posted/paid \$<br>Number of Days.....<br>Number of half-days..... | <input type="checkbox"/> Transcripts of Appeal<br><input type="checkbox"/> Clerks..... \$<br><input type="checkbox"/> Reporters..... \$<br><br><input type="checkbox"/> Civil fine \$<br><br><input type="checkbox"/> Trial Continuance fee \$<br><br><input type="checkbox"/> Bail posted \$<br><br><input type="checkbox"/> Eminent Domain \$<br>Parcel number.....<br>Describe.....<br><br><input type="checkbox"/> Bad check for (specify):<br>Bad check charge..... \$<br>Amount of bad check. \$<br><br><input type="checkbox"/> Complex Case fee \$<br><br><input type="checkbox"/> Tape/CD Qty \$<br>Date of Hearing: Video No.:<br><input type="checkbox"/> Interpleader \$<br><br><input type="checkbox"/> Other (specify reason):<br>Amount: \$ |
|---|--|

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)