

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address):	TELEPHONE NO:	FOR COURT USE ONLY	
ATTORNEY FOR			
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002			
PLAINTIFF:			
DEFENDANT:		CASE NUMBER:	DEPT. NO:
Deposit/Payment to Fresno Superior Court			

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 Days.....
Number of half-days..... | <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)