

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES	Reserved for Clerk's Stamp
COURT ADDRESS:	
PLAINTIFF:	
DEFENDANT:	
CIVIL DEPOSIT	CASE NUMBER:

CLERK: PREPARE A FORM FOR EACH DEPOSITOR PAYING SEPARATELY

PLEASE REPORT TO THE CLERK'S OFFICE/CASHIER:

Room 102, Central Civil Clerk's Office , Room _____ Department Number _____

	Distribution Codes	Amt Due		Distribution Codes	Amt Due
<input type="checkbox"/>	251 DAILY JURY FEES Dates: _____ # of day(s) _____ x\$ _____		<input type="checkbox"/>	74 DEPOSIT IN TRUST	
<input type="checkbox"/>	72 JURY FEES Trial Date: _____ (Initial Deposit) \$ _____		<input type="checkbox"/>	101 FIRST PAPERS- GENERAL JURISDICTION	
<input type="checkbox"/>	252 REPORTERS FEES Dates: _____ # of 1/2 day(s) _____ x\$ _____ Full Day _____		<input type="checkbox"/>	101 FIRST PAPERS-LIMITED OVER \$10,000	
			<input type="checkbox"/>	141 With declaration Limited to \$10,000 (per B&P 6322.1(a))	
			<input type="checkbox"/>	130 Limited to \$10,000	
<input type="checkbox"/>	721 SANCTIONS ORDERED ON Date: _____		<input type="checkbox"/>	211 RECLASSIFICATION FEE	
<input type="checkbox"/>	213 MOTIONS/APPLICATION TO CONT. HEARING		<input type="checkbox"/>	150 COMPLEX LITIGATION TRIAL/ PLAINTIFF	
	200 MOTIONS/APPLICATION TO CONT. TRIAL		<input type="checkbox"/>	151 COMPLEX LITIGATION TRIAL/ DEFENDANT	
	Other: _____				

To be paid via: Cash Check Certified Check/Money Order Credit Card

On or Before _____ Forthwith

Payment will be made by Plaintiff _____ Defendant _____

JOHN A. CLARKE, Executive Officer/Clerk

DATE _____

BY: _____
Deputy Clerk

TO BE COMPLETED BY DEPOSITOR	CASHIER'S VALIDATION
Depositor's Name: _____ <input type="checkbox"/> Plaintiff in Pro Per <input type="checkbox"/> Defendant in Pro Per <input type="checkbox"/> Counsel for <input type="checkbox"/> Plaintiff _____ Name of Party <input type="checkbox"/> Defendant _____ Name of Party Address of depositor Street _____ City/State/Zip _____	