

<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES</b>	Reserved for Clerk's File Stamp
COURTHOUSE ADDRESS:	
PLAINTIFF:	
DEFENDANT:	
<b>CIVIL DEPOSIT</b>	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
	251. DAILY JURY FEES Dates _____ # of day(s) _____ X \$ _____			74 DEPOSIT IN TRUST	
	72 JURY FEES Trial Date: _____ (Initial Deposit) \$ _____			101 FIRST PAPERS (General Jurisdiction)	
	252 REPORTER'S FEES Dates _____ # of 1/2 day(s) _____ X \$ _____ Full Day _____			101 FIRST PAPERS Limited over \$10,000 141 With declaration Limited to \$10,000 (Per B&P 6322.1(a)) 130 Limited to \$10,000.	
	721 SANCTIONS ORDERED ON Date: _____			211 RECLASSIFICATION FEE	
	213 MOTION/APPLICATION TO CONTINUE HEARING			150 COMPLEX LITIGATION TRIAL/Plaintiff	
	290 MOTION/APPLICATION TO CONTINUE TRIAL			151 COMPLEX LITIGATION//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

DATED: \_\_\_\_\_    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 _____	