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|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 | |
| PLAINTIFF(S)/PETITIONER(S) | |
| DEFENDANT(S)/RESPONDENT(S) | |
| REQUEST FOR PAYMENT OF TRUST FUNDS / REFUND | CASE NUMBER |

DECLARATION

I, _____, Court Reporter Party Attorney Other: _____
 for: _____ declare that the sum of \$ _____ is presently due and owing to the
 payee noted below by reason of: _____

I declare under penalty of perjury, under the laws of the State of California, that the forgoing is true and correct.

Date: _____
_____ Signature of Requester

Payee Name: _____
(Last) (First) (MI) (Tel. No.)

Address: _____
(Street) (City) (State) (Zip Code)

If court order provided for interest, provide payee's tax I.D.# and mailing address for tax reporting:

(Tax ID #) (Street) (City) (State) (Zip Code)

FOR COURT USE ONLY

I certify that the sum of \$ _____ is presently due and payable to the payee noted above by reason of:
 attached order other: _____
 FMS CCMS V3 ODY Receipt Number _____, dated _____.

Clerk of the Superior Court

Date: _____ by _____, Deputy

Approved Denied: _____

Date: _____
_____ Signature of Supervisor or Manager