

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101-3827 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6643 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PLAINTIFF(S)/PETITIONER(S)	JUDGE: _____
DEFENDANT(S)/RESPONDENT(S)	DEPT: _____
<b>NOTICE OF PRO TEMPORE COURT REPORTER DEPOSIT          (Govt. Code 69953.5; San Diego Superior Court Rules, Division II, Rule 2.49)</b>	CASE NUMBER _____

TO: The above Court, the Clerk thereof, and all concerned parties:

The above-entitled case, having been set for trial on \_\_\_\_\_, in Department \_\_\_\_\_ at \_\_\_\_\_ m., the statutory fee, prescribed as and for first day's deposit equal to the per diem rate for pro tempore reporters for the first day and each subsequent day the additional reporters are required, is tendered on behalf of:

(Plaintiff)(Defendant) \_\_\_\_\_  
 (Full Name)

Parcel No.(s)(if appropriate) \_\_\_\_\_

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of Attorney)