

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 1000, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF(S)	JUDGE
DEFENDANT(S)	DEPT
NOTICE OF PAYMENT OF ADVANCE JURY FEE	CASE NUMBER

NOTICE

TO: The above court, the clerk thereof, and all concerned parties:

The statutory advance jury fee is tendered herewith on behalf of the

Plaintiff Defendant _____
(Full Name)

Parcel No.(s) (if appropriate) _____

Date: _____
Signature

DECLARATION OF SERVICE BY MAIL

I declare that: I am over the age of 18 years and not a party to this case; I am employed in, or am a resident of the County where the mailing took place; and my residence or business address is:

I served the **NOTICE OF PAYMENT OF ADVANCE JURY FEE** by placing a true copy in separate envelopes addressed to each addressee, respectively, as follows:

I then sealed each envelope and, with postage thereon fully prepaid, placed each for deposit in the United States Postal Service, on the date shown below at (City and State) _____

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

Date: _____

 Type or Print Name Signature