

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., 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)	
<b>REQUEST FOR PAYMENT OF TRUST FUNDS / REFUND</b>	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 Receipt Number \_\_\_\_\_, dated \_\_\_\_\_.

Clerk of the Superior Court

Date: \_\_\_\_\_ by \_\_\_\_\_, Deputy

Approved  Denied: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Supervisor or Manager