

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>    TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>RECEIPT AND ACKNOWLEDGMENT OF ORDER FOR THE DEPOSIT OF MONEY INTO BLOCKED ACCOUNT</b>	CASE NUMBER:

*(Attach a copy of the Order to Deposit Money Into Blocked Account to this receipt)*

1. I acknowledge receipt of the *Order to Deposit Money Into Blocked Account*, a copy of which is attached.
2. The account described below in which funds have been deposited under the court's order is a federally insured, blocked account.
3. Name and title on the account:
  
4. Name of depository:
  - a. Branch:
  - b. Address:
  
5. Account number:
  
6. Date account opened:
  
7. Amount of initial deposit: \$
  
8. Present balance: \$

I certify that I am authorized to execute this receipt and acknowledgment, and that no withdrawal of principal or interest from this account will be permitted without a signed court order under this case name and number, bearing the seal of this court.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)

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\_\_\_\_\_

(AUTHORIZED SIGNATURE)

Title: \_\_\_\_\_