

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

Branch: \_\_\_\_\_

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)



(AUTHORIZED SIGNATURE)

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