ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA,	ALAMEDA COUNTY	
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME		
PLAINTIFF:		
DEFENDANT:		
OTHER:		
	ORDER FOR PAYMENT OF MONEY Jury Fee Deposit)	CASE NUMBER:
1. I <i>(name):</i> Procedure § 631 in the above-capti refund as provided under Code of C	oned action. There has been no previous order to rel	ted in strict compliance with Code of Civil fund or forfeit the deposit and it is eligible for
Receipt No.:	Dated:	
2 IT IS REQUESTED that the sum	of \$ as deposited abo	ve be paid to:
Address:		
	y under the law of the State of California that the forgo	-
•		
CLAIMANT / D	ECLARANT	
	FOR COURT USE ONLY	
Jury Fee Deposit – Eligible for I	Refund.	
	ate case settled/dismissed/continued – Not Eligible fo	
Jury Fee Deposit previously refunded on – Not Eligible for		for Refund.
□ Other:		
Verified by:	Date:	
		Page 1 of 2
	DECI ARATION AND ORDER FOR PAYMEN	

PLANTIFF:	CASE NUMBER:
DEFENDANT:	

ORDER FOR PAYMENT OF MONEY

The request for refund of the jury fee deposit is GRANTED. DENIED.

Date:

JUDGE OF THE SUPERIOR COURT