

<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES</b>		CONFIDENTIAL COPY Reserved for Clerk's File Stamp <b>ORIGINAL FILED</b> Superior Court of California County of Los Angeles  <b>MAR 25 2011</b>  John A. Clarke, Executive Officer/Clerk By: <u>I. Quincy</u> , Deputy
COURTHOUSE ADDRESS: <u>Stanley Mosk</u>		
PLAINTIFF: <u>HSBC</u>	DEFENDANT: <u>Cotton</u>	
<b>CIVIL DEPOSIT</b>		
		CASE NUMBER: <u>10K18049</u>

Clerk: Prepare a form for each depositor paying separately.

PLEASE REPORT TO THE CLERK'S OFFICE/CASHIER:

Room 102, Central Civil  Clerk's Office, Room \_\_\_\_\_  Department Number 77

✓	Service Codes	Amt. Due	✓	Service Codes	Amt. Due
<input type="checkbox"/>	251 DAILY JURY FEES Dates _____ # of day(s) _____ X \$ _____		<input type="checkbox"/>	74 DEPOSIT IN TRUST	
<input type="checkbox"/>	72 JURY FEES Trial Date: _____ (Initial Deposit) \$ _____		<input type="checkbox"/>	101 FIRST PAPERS (General Jurisdiction)	
<input type="checkbox"/>	REPORTER'S FEES Dates _____ # of 1/2 day(s) _____ X \$ _____		<input checked="" type="checkbox"/>	131 FIRST PAPERS Limited over \$10,000	\$370
<input type="checkbox"/>	253 Half day		<input type="checkbox"/>	141 With declaration Limited to \$10,000 (Per B&P 6322.1(a))	
<input type="checkbox"/>	252 Full Day		<input type="checkbox"/>	130 Limited to \$10,000.	
<input type="checkbox"/>	721 SANCTIONS ORDERED ON Date: _____		<input type="checkbox"/>	211 RECLASSIFICATION FEE	
<input type="checkbox"/>	213 MOTION/APPLICATION TO CONTINUE HEARING		<input type="checkbox"/>	150 COMPLEX LITIGATION TRIAL/Plaintiff	
<input type="checkbox"/>	200 MOTION/APPLICATION TO CONTINUE TRIAL		<input type="checkbox"/>	151 COMPLEX LITIGATION//Defendant	
<input type="checkbox"/>	Other: _____		<input type="checkbox"/>		

To be paid via:  Cash  Check  Certified Check/Money Order  Credit Card

On or before: \_\_\_\_\_  Forthwith

Payment will be made by  Plaintiff \_\_\_\_\_  Defendant \_\_\_\_\_

JOHN A. CLARKE, Executive Officer/Clerk

DATED: \_\_\_\_\_

BY: \_\_\_\_\_  
Deputy Clerk

TO BE COMPLETED BY DEPOSITOR	CASHIER'S VALIDATION
Depositor's Name: <u>Michael L. Cotton</u> <input type="checkbox"/> Plaintiff in Pro Per <input checked="" type="checkbox"/> Defendant in Pro Per <input type="checkbox"/> Counsel for <input type="checkbox"/> Plaintiff _____ Name of Party <input type="checkbox"/> Defendant _____ Name of Party Address of depositor: _____ Street: <u>LA, CA</u> City/State/Zip: _____	CIT/CASE: 10K18049 LEA/DEF#: _____ RECEIPT #: CCH539179004 DATE PAID: 03/25/11 09:16:50 AM PAYMENT: \$370.00 RECEIVED: _____ CHECK: _____ CASH: 400.00 CHANGE: 30.00 CARD: _____

LACIV 083 (Rev. 10/09)

LASC Approved 03-04

**CIVIL DEPOSIT**

Distribution: Original - Case File Copy - Customer