ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*

TELEPHONE NO. *(Optional):* FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NAME:

CASE NUMBER:

RECEIPT AND ACKNOWLEDGMENT OF ORDER FOR THE DEPOSIT OF MONEY INTO BLOCKED ACCOUNT

(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)

(AUTHORIZED SIGNATURE)

Title:

Form Adopted for Mandatory Use
Judicial Council of California
MC-356 [Rev. January 1, 2007]

Code of Civil Procedure, § 372;
Probate Code, § 3600, et seq.,
Cal. Rules of Court, rules 3.1384, 7.953
www.courtinfo.ca.gov

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