

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address)		
TELEPHONE NUMBER: EMAIL ADDRESS (Optional): ATTORNEY FOR: (Name):		
SUPERIOR COURT OF CALIFORNIA County of San Bernardino Appeals and Appellate Division		Superior Court Case#
8303 Haven Ave. Rancho Cucamonga, CA 91730		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT; OTHER PARTY:		Court of Appeal Case # (if known) OR Appellate Case# (if known)
PAYMENT SUBMISSION FOR APPEALS DIVISION		

Instructions: Please complete the requested information below to ensure that your payment is appropriately applied to the appeal case.

SUBMITTING PAYMENT FOR: _____
 [Party's Name]

TOTAL AMOUNT SUBMITTING: _____

*****BE ADVISED →** Payment can only be accepted for the Appeals Division of the Superior Court.

We are unable to accept or process payments for any other court, including the 4th District Court of Appeal, Division Two. Please ensure your payment is submitted directly to the appropriate reviewing court.