

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ): _____ TELEPHONE NO. _____	FOR COURT USE ONLY
ATTORNEY FOR ( <i>Name</i> ) <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> <input type="checkbox"/> 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> 14455 Civic Drive, Victorville, CA 92392 <input type="checkbox"/> 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> 6527 White Feather Road, Star Route 1, Box 60, Joshua Tree, CA 92252 <input type="checkbox"/> 216 Brookside Avenue, Redlands, CA 92373 <input type="checkbox"/> 17780 Arrow Highway, Fontana, CA 92335 <input type="checkbox"/> 13260 Central Avenue, Chino, CA 91710 <input type="checkbox"/> _____ <input type="checkbox"/> _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____	
<b>ORDER FOR INSTALLMENT PAYMENT OF COURT FEES OR COSTS</b>	CASE NUMBER: _____

1. The application for waiver of court fees or costs filed:

- a. on:
- b. by:

HAS BEEN DENIED, but applicant is granted permission to pay same on installments, as follows:

- c. The applicant is ordered to pay filing fees or costs in the amount of \$ \_\_\_\_\_  
 payable at the rate of \_\_\_\_\_ on the \_\_\_\_\_ and \_\_\_\_\_ on the \_\_\_\_\_  
 days of each month, commencing \_\_\_\_\_ .
- d. Other orders: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 2. All payments shall be payable to the San Bernardino Superior Court, Collections and Compliance P.O. Box 15005, San Bernardino, CA 92415-5005  
 If any two payments are not paid when due, the entire unpaid balance shall become due and payable immediately.
- 3. Applicant's complete address is: \_\_\_\_\_  
 \_\_\_\_\_ .
- 4. Applicant's date of birth is: \_\_\_\_\_ .
- 5. Applicant's Social Security Number is: \_\_\_\_\_ .
- 6. The Clerk of the Court is directed to mail a copy of this Order to the applicant, or the applicant's attorney, if any.

Dated \_\_\_\_\_

\_\_\_\_\_  
*Signature of Judge*

**ACIS Code**  
**37362(01)**

*DISTRIBUTION: Original - File  
 Copy - Administration  
 Copy - Central Collections*

Case Number:

PLAINTIFF (Name) :

DEFENDANT (Name):

Page 2

**ORDER FOR INSTALLMENT PAYMENT OF FILING FEES**

**CLERK'S CERTIFICATION OF MAILING**

I certify that I am not a party to this cause and that a copy of the foregoing was mailed first class, postage prepaid in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): \_\_\_\_\_, California ,

on (date): \_\_\_\_\_ Clerk, by \_\_\_\_\_  
(Deputy)

**CLERK'S CERTIFICATION**

(SEAL)

I certify that the foregoing is a true copy of the original on file in my office.

Dated: \_\_\_\_\_ Clerk, by \_\_\_\_\_  
(Deputy)