

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
ACKNOWLEDGMENT OF RECEIPT OF ORDER AND FUNDS FOR DEPOSIT IN BLOCKED ACCOUNT	CASE NUMBER:

(Attach a copy of Order to Deposit Funds in Blocked Account (form MC-355) to this receipt.)

1. I acknowledge receipt of the *Order to Deposit Funds in Blocked Account* (form MC-355), a copy of which is attached to this form, and of the funds specified in item 7, below.
2. The account described below, in which funds have been deposited under the court's order, is an interest-bearing, federally insured blocked account.
3. Name and title on account:

4. Name of depository:
 - a. Branch:
 - b. Address:

5. Account number:
6. Date account opened:
7. Amount of initial deposit: \$
8. Current balance: \$

I certify that the foregoing information is true and correct, that I am authorized to execute this acknowledgment of receipt on behalf of the depository named in 4, and that no withdrawal of principal or interest from this account will be permitted without a signed, file-stamped order under this case name and number from the court named above.

Date:

(TYPE OR PRINT NAME)

▲

(AUTHORIZED SIGNATURE)

Title:

