

NAME, ADDRESS, AND CORRECTIONAL INSTITUTION   X-REF NO.	<i>For Court Use Only</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<p style="text-align: center;"><b>INMATE PAYMENT PLAN ORDER</b></p>	CASE NUMBER:

After review, **the court grants your request for a payment plan** as follows:

You shall make monthly payments until the fee of \$\_\_\_\_\_ is paid in full. Payments made shall be applied as follows:

1.  Filing (*name*) \_\_\_\_\_, Filing Date \_\_\_\_\_

2.  Other (*describe*):

\_\_\_\_\_

\_\_\_\_\_

**Notice: Payments made by the correctional facility or county jail must include the inmate's name, X-ref and case number. Mail payments to the above address, attention: Accounts Receivable.**

IT IS SO ORDERED:

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of  Judicial Officer  Clerk, Deputy*

### Clerk's Certificate of Service

I certify that I am not involved in this case and this order was mailed first class, postage paid, to the party and the correctional facility or county jail, at the addresses listed below, from Sacramento, California, on the date below.

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_