

PAYMENT TRANSMITTAL

MAIL WITH PAYMENT TO:

**OFFICE OF THE CLERK
U.S. DISTRICT COURT
501 I STREET, 4TH FLOOR
SACRAMENTO, CALIFORNIA 95814**

Defendant Name: _____
Case Number: _____
Amount Enclosed: \$ _____
Check One: Special Assessment Fine
 Restitution Cost of Prosecution
Make check payable to: **U.S. DISTRICT COURT**

All financial obligations are to be made by money order (postal or bank) or cashier's check only. To ensure proper credit to your account, this payment voucher must be attached to all payments. Retain a copy of the money order or cashier's check for your records. The copy will also be your receipt.

Forms available at www.caep.uscourts.gov



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