

0:52:51 a.m. 08-31-2015

Aug. 31, 2015 10:48AM

No. 4527 P. 1

#25

111 N. HILL STREET
LOS ANGELES CA 90012

DATE PAID: 08/31/15 11:30 AM
RECEIPT #: CCH481620047

CIT/CASE: BC580909
LEA/DEF#:

PAYMENT: \$6.75 310
RECEIVED:
CHECK: \$0.00
CASH: \$0.00
CHANGE: \$0.00
CARD: \$6.75

111 N. HILL STREET
LOS ANGELES CA 90012

DATE PAID: 08/31/15 11:30 AM
RECEIPT #: CCH481620048

CIT/CASE: BC580909
LEA/DEF#:

PAYMENT: \$150.00 310
RECEIVED:
CHECK: \$0.00
CASH: \$0.00
CHANGE: \$0.00
CARD: \$150.00

VISA SALE

CARD # XXXXXXXXXXXX2379
INVOICE 0036
Batch #: 001007
Approval Code: 07678G
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00
SALE AMOUNT \$156.75

CUSTOMER COPY

(r number, and address): Land Hills, CA 91364 FAX NO. (Optional): (866) 852-5666 Firm.com kinson OF Los Angeles 012 CKINSON H. COSBY, JR.		MC-006 FOR COURT USE ONLY Received AUG 31 2015 Fax Filing
MISSION COVER SHEET		CASE NUMBER: BC 580909

ments in the order listed below:

No. of pages
1

TERED TOTAL: \$156.75
EE: \$150
AGES (Including coversheet) 3(225)
ATION FEE \$400 PROCESSING FEE \$
Deputy Clerk

consisting of 1 pages are also transmitted.

ling fee Fax fee (Cal. Rules of Court, rule 10.815)
ment I authorize the above fees and any amount imposed by the card issuer or draft purchaser to
e following account:
 MASTERCARD Account No.: ~~4200115191359179~~ Expiration date: ~~08/31/15 - 11/30/15~~

IE OF CARDHOLDER

unt (Cal. Rules of Court, rule 2.304). Please charge my account no.:

CIT/CASE: BC580909
LEA/DEF#:
RECEIPT #: CCH481620047
DATE PAID: 08/31/15 11:30 AM
PAYMENT: \$156.75
RECEIVED:
CHECK: \$0.00
CASH: \$0.00
CHANGE: \$0.00
CARD: \$156.75
Page 4 of 4

bf
(SIGNATURE OF CARDHOLDER)

10:52:11 a.m. 08-31-2015 B

Aug. 31. 2015 10:48AM

No. 4527 P. 3

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES		Reserved Stamp Superior Court of California County of Los Angeles
COURT ADDRESS: 111 North Hill Street, Los Angeles, CA 90012		AUG 31 2015
PLAINTIFF: Janice Dickinson	Sherri R. Carter, Executive Officer/Clerk By <u>Dawn Alexander</u> Deputy	
DEFENDANT: William H. Cosby, Jr.	CASE NUMBER: BC 580909	
CIVIL DEPOSIT		

CLERK: PREPARE A FORM FOR EACH DEPOSITOR PAYING SEPARATELY

PLEASE REPORT TO THE CLERK'S OFFICE/CASHIER:

Room 102, Central Civil Clerk's Office, Room _____ Department Number 47

	Distribution Codes	Amt Due		Distribution Codes	Amt Due
<input type="checkbox"/>	261 DAILY JURY FEES Date: _____ # of day(s) _____ x\$ _____		<input type="checkbox"/>	74 DEPOSIT IN TRUST	
<input checked="" type="checkbox"/>	72 JURY FEES Trial Date: <u>Not Assigned</u> (Initial Deposit) \$ <u>150</u>		<input type="checkbox"/>	101 FIRST PAPERS- GENERAL JURISDICTION	
<input type="checkbox"/>	252 REPORTERS FEES Date: _____ # of 1/2 day(s) _____ x\$ _____ Full Day _____		<input type="checkbox"/>	101 FIRST PAPERS-LIMITED OVER \$10,000 141 With declaration Limited to \$10,000 (per B&P 6322.1(a)) 130 Limited to \$10,000	
<input type="checkbox"/>	721 SANCTIONS ORDERED ON Date: _____		<input type="checkbox"/>	211 RECLASSIFICATION FEE	
<input type="checkbox"/>	213 MOTIONS/APPLICATION TO CONT. HEARING		<input type="checkbox"/>	150 COMPLEX LITIGATION TRIAL/PLAINTIFF	
<input type="checkbox"/>	200 MOTIONS/APPLICATION TO CONT. TRIAL		<input type="checkbox"/>	161 COMPLEX LITIGATION TRIAL/DEFENDANT	
	Other: _____				

To be paid via: Cash Check Certified Check/Money Order Credit Card

On or Before 08/31/2015 Forthwith

Payment will be made by Plaintiff Janice Dickinson Defendant _____

JOHN A. CLARKE, Executive Officer/Clerk

DATE _____

BY: _____
Deputy Clerk

TO BE COMPLETED BY DEPOSITOR

Depositor's Name: The Bloom Firm

Plaintiff in Pro Per Defendant in Pro Per

Counsel for Plaintiff Janice Dickinson
Name of Party _____

Defendant _____
Name of Party _____

Address of depositor: 20700 Ventura Blvd., Suite 301
Street _____
Woodland Hills, CA 91634
City/State/Zip _____

CASHIER'S VALIDATION

CHECK: \$0.00
ASH: \$0.00
CHANGE: \$0.00
CARD: \$150.00

RECEIPT #: CO4481620048
DATE PAID: 08/31/15 11:30 AM
PAYMENT: \$150.00
RECEIVED: 310

CIT/CASE: BC580909
LEA/DEF#:

* * * Communication Result Report (Aug. 31. 2015 10:48AM) * * *

1}

Date/Time: Aug. 31. 2015 10:47AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4527	Memory TX	12136253244	P. 3	OK	

Reason for error

- E. 1) Hang up or line fail
- E. 2) Busy
- E. 3) No answer
- E. 4) No facsimile connection
- E. 5) Exceeded max. E-mail size

MC-006	
AT FORTNEY OR PARTY WITHOUT ATTORNEY (Name, Esq. OR FIRM, and address) Lisa Blood, Esq. SBN: 158458 Nadia Taghizadeh, Esq. SBN: 259328 The Bloom Firm 20700 Ventura Blvd., Suite 301, Woodland Hills, CA 91364 TELEPHONE NO.: (818) 914-7314 FAX NO. (Optional): (866) 852-5666 E-MAIL ADDRESS (Optional): Nadia@TheBloomFirm.com ATTORNEY FOR (Name): Plaintiff, Janice Dickinson	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: STREET CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Central District	
PLAINTIFF/PETITIONER: JANICE DICKINSON DEFENDANT/RESPONDENT: WILLIAM H. COSBY, JR.	
FACSIMILE TRANSMISSION COVER SHEET	CASE NUMBER: BC 580909

TO THE COURT:

1. Please file the following transmitted documents in the order listed below:

Document name	No. of pages
CIVIL DEPOSIT (Jury Fees)	1

2. Processing instructions consisting of: 1 pages are also transmitted.

3. Fee required Filing fee Fax fee (Cal. Rules of Court, rule 10.815)

a. Credit card payment I authorize the above fees and any amount imposed by the card issuer or draft purchaser to be charged to the following account:
 VISA MASTERCARD Account No.: 4246315191552379 Expiration date: 04/2018

Braden Pollock
(TYPE OR PRINT NAME OF CARDHOLDER)

BP
(SIGNATURE OF CARDHOLDER)

b. Attorney account (Cal. Rules of Court, rule 2.304). Please charge my account no.: