



**COUNTER STAFF:  
DO NOT FILE FORM**

**DEPOSIT OF FUNDS FORM**  
*Used for Trust – Service Code 790*

To: Accounting CCB/AC  
Trust Disbursement Clerk

Cashier Name: D.Vandenberg  
Cashier Location: CCB

**Return completed form along with a copy of the payment to: [TrustResponse@mail.maricopa.gov](mailto:TrustResponse@mail.maricopa.gov)**  
*(Check copy must be submitted on a separate piece of paper)*

**Section 1: Case Information:**

Plaintiff Name: Patricia Bocchino

Defendant Name: Fountain Shadows Homeowners Association

Case #: CV2015-012434

**Section 2: Deposit Information:**

Name of Party(s) funds deposited for: Fountain Shadows Homeowners Association

Name of Attorney (if applicable): Charlene Cruz

**Type of Deposit (select one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Arbitration                     | <input type="checkbox"/> Interpleader Funds     |
| <input type="checkbox"/> Appeal                          | <input type="checkbox"/> Sheriff's Sale         |
| <input type="checkbox"/> Civil Arrest Warrant            | <input checked="" type="checkbox"/> Supersedeas |
| <input type="checkbox"/> Eminent Domain                  | <input type="checkbox"/> TRO                    |
| <input type="checkbox"/> Other (briefly describe): _____ |   |

**Section 3: Payer Information:**

- Paid Cash
- Paid Check (copy attached)  
*Acceptable: Local Attorney Trust Fund*

Total Bond Amount: \$4,149.67

Receipt: # 25663290

**Name and Address of Payer:**

Paid By: Charlene Cruz

Address: 1400 East Southern Ave., Suite 400  
Tempe, AZ 85282