SENDER: COMPLETE THIS MEGTION		COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	verse	Received by (Printed Name) D. Is delivery address different from item 1? Yes				
1. Article Addressed to:	08-079	If YES, enter delivery address below:				
1045 S FAIRFIELD DR PENSACOLA FL 32506		3. Service Type Certified Mail				
Article Number (Transfer from service lebel)	7007 0	710 0001 2337 4523				
PS Form 3811, February 2004	Damestic Retu	turn Receipt 102595-02-M-1540				

102595-02-M-1540

ERNIE LEE MAGAHA

CLERK OF THE CIRCUIT COURT

ARCHIVES AND RECORDS
CHILD SUPPORT
CIRCUIT COUNTY
CIVIL
COUNTY CIVIL
COUNTY CRIMINAL
DOMESTIC RELATIONS
FAMILY LAW
JURY ASSEMBLY
JUVENILE
MENTAL HEALTH
MIS
OPERATIONAL SERVICES
PROBATE
TRAFFIC



COUNTY OF ESCAMBIA OFFICE OF THE CLERK OF THE CIRCUIT COURT

BRANCH OFFICES
ARCHIVES AND RECORDS
JUVENILE DIVISION
CENTURY

CLERK TO THE BOARD OF COUNTY COMMISSIONERS

OFFICIAL RECORDS COUNTY TREASURY AUDITOR

IMAGING COVER PAGE

This cover page is not a part of the original documents but is necessary to avoid obscuring any information on the original documents

Case: 2005 TD 001214

00087203656

00087203656 Dkt: TD84 Pg#:



Original Documents Follow

Escambia County Receipt of Transaction Receipt # 2017063568

Cashiered by: cjf

Pam Childers Clerk of Court Escambia County, Florida

Received From:

DOC

On Behalf Of:

JUSTIN MATTHEW HALL 225 OPAL AVE PENSACOLA, FL 32505

On: 6/16/17 4:15 pm Transaction # 101114832

CaseNumber 2015 CF 005760 A						
Fee Description	Fee	Prior Paid	Waived	Due	Paid	Balance
(CF55) INDIGENT PD APPLICATION FEE \$50	50.00	0.00	0.00	50.00	6.06	43.94
(CF22) FELONY COURT COSTS	518.00 100.00	0.00 0.00	0.00 0.00	518.00 100.00	0.00 0.00	518.00 100.00
(CF61) PUBLIC DEFENDER/ATTY COSTS F.S. 938.29						
Total:	668.00	0.00	0.00	668.00	6.06	661.94
Grand Total:	668.00	0.00	0.00	668.00	6.06	661.94

PAYMENTS

Payment Type	Reference		Amount	Refund	Overage	Change	Net Amount	
CHECK	5333139	ОК	6.06	0.00	0.00	0.00	6.06	
		Payments Total:	6.06	0.00	0.00	0.00	6.06	