

Statement Date

April 08, 2009

COUNTY OF SONOMA DDP

1300 Coddington Center

Santa Rosa, CA 95401

Statement

S R J I R

Client Number 1 1 1

Date	Account	Charges	Payments	Comment	Paid With
04/08/2009	4014	Intake Fee	125.00		
04/08/2009	2001	State Fee	10.00		
04/08/2009	4001	Program Fees	427.00		
04/08/2009	1001	Payment		200.00	CHECK 1
Total		562.00	200.00	Balance Due	362.00

Your Regular Payment Is \$181.00 Per Month

Your Next Payment of \$181.00 Is Due On May 08, 2009