

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> EAST COUNTY DIVISION, RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 390, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910		
PLAINTIFF(S)		
DEFENDANT(S)		
<b>REQUEST TO ENTER SATISFACTION OF JUDGMENT</b>		CASE NUMBER

I, \_\_\_\_\_, am the judgment debtor and request Satisfaction of Judgment be entered. This request is based upon:

- ☐ The judgment and costs have been paid in full to the judgment creditor.
- ☐ The judgment creditor has been requested to file a Satisfaction of Judgment and refuses to do so.
- ☐ The present address of the judgment creditor is unknown.
- ☐ The documents attached to this statement constitute evidence of payment of the judgment in full.

1. Full name and last known address of judgment creditor:
2. Full name and address of assignee of record, if any:
3. Full name and address of judgment debtor being fully released:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ (Signature of Declarant)

Based on the above declaration and attached documents, Satisfaction of Judgment is ordered and entered.

Clerk of the Superior Court

Date: \_\_\_\_\_ by \_\_\_\_\_, Deputy

**NOTE TO JUDGMENT DEBTOR: This Satisfaction of Judgment, or Acknowledgment of Judgment, must be recorded in each county in which an abstract of judgment was recorded. Further, if a judgment lien has been filed against personal property, this Satisfaction of Judgment must also be filed in the Office of the Secretary of State to terminate such lien.**



### CLERK'S CERTIFICATE

The foregoing is a full, true and correct copy of the original on file in this office.

Clerk of the Superior Court

Date: \_\_\_\_\_ by \_\_\_\_\_, Deputy