ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):					FOR COURT USE ONLY	
TELEPHONE NO. (Option	onal):	FAX NO. (C	optional):			
E-MAIL ADDRESS (Option						
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA, 92101 MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA, 92081 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA, 92020 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910						
PLAINTIFF(S)/PETITIONER(S)					Inque.	
					Judge:	
DEFENDANT(S)/R	ESPONDENT(S)				Бері	
DECLARATION FOR ISSUANCE OF A WRIT OF EXECUTION (FC 5104; CCP 699.510; Superior Court Rules, Division V, Rule 5.68)					CASE NUMBER	
(1 0 0 10 4,	001 000.010, 00	apenor ocure in	<u> </u>	Traic 0.00)		
I.						, say:
That declarant i	s					
		ha fallowing \Box	iudamant 🗆 ara	lar waa mada an	d optorod	
in the above-en	illed case, mai i	rie following L	juagment 🗀 ord	iei was made ai	ia enterea	,
(Where paymen	ts accrue at diffe	rent times fill in a	data below: in oth	ner cases strike i	out inapplicable r	oortions.) Failure to claim
	deemed a waive			ior daddd, dirind (ortionoly i and o to claim
interest snan be	deemed a waive	i thereor.				
That the pavmer	nts accrued and i	interest thereon.	and the paymen	ts made and inte	erest thereon, ar	e as follows:
ACCRUALS			PAYMENTS			
DATE DUE	AMOUNT	INTEREST	DATE PAID	AMOUNT	INTEREST BALANCE DUE	

CASE NUMBER:	
principal, \$ cos	sts,
interest, for which sum declarant requests that	at a
to(County)	
r writ in the same county is outstanding and the arrearages ha	ave
te of California that the foregoing is true and correct.	
Signature	
	principal, \$cosinterest, for which sum declarant requests theto(County) r writ in the same county is outstanding and the arrearages has