

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, and State Bar number):

After recording, return to:

TEL. NO.: FAX NO. (Optional):
EMAIL ADDRESS (Optional):
 ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
CENTRAL DIVISION, JUVENILE COURT
2851 MEADOW LARK DR., SAN DIEGO, CA 92123

IN THE MATTER OF:

CASE NUMBER:

THIS SPACE FOR RECORDER'S USE ONLY

ABSTRACT OF JUDGMENT FOR RESTITUTION - JUVENILE

1. The judgment creditor assignee of record other (specify): _____ applies for an abstract of judgment and represents the following:

a. Judgment debtor:

Name and last known address
[]
Driver Lic. No. (last 4 digits) and state: _____ Unknown
Social Security No. (last 4 digits): _____ Unknown
Date of Birth: _____ Unknown

b. Additional judgment debtor(s):

Name and last known address
[]
Driver Lic. No. (last 4 digits) and state: _____ Unknown
Social Security No. (last 4 digits): _____ Unknown
Date of Birth: _____ Unknown
 Parent/guardian Co-offender
 Liability is joint and several
 Liability is subject to limit in Civ. Code § 1714.1

Name and last known address
[]
Driver Lic. No. (last 4 digits) and state: _____ Unknown
Social Security No. (last 4 digits): _____ Unknown
Date of Birth: _____ Unknown
 Parent/guardian Co-offender
 Liability is joint and several
 Liability is subject to limit in Civ. Code § 1714.1

Name and last known address
[]
Driver Lic. No. (last 4 digits) and state: _____ Unknown
Social Security No. (last 4 digits): _____ Unknown
Date of Birth: _____ Unknown
 Parent/guardian Co-offender
 Liability is joint and several
 Liability is subject to limit in Civ. Code § 1714.1

Name and last known address
[]
Driver Lic. No. (last 4 digits) and state: _____ Unknown
Social Security No. (last 4 digits): _____ Unknown
Date of Birth: _____ Unknown
 Parent/guardian Co-offender
 Liability is joint and several
 Liability is subject to limit in Civ. Code § 1714.1

Continued on Attachment (SDSC Form #JUV-791 A).

Date: _____

Type or print name

Signature of Applicant or Attorney

CHILD'S NAME	CASE NUMBER
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CERTIFICATION

2. I certify that this is a true and correct abstract of the restitution order entered in this action.
3. Judgment creditor(s) (name): _____
 whose address or whose attorney's address appears on this form above the court's name.
4. All judgment debtor(s) are listed on page 1 and on Attachment (SDSC Form #JUV-791 A).
5. Judgment entered on (date): _____
6. Total amount of judgment as entered: \$ _____
7. A stay of enforcement was ordered on (date): _____ and is effective until (date): _____.
 A stay of enforcement was not ordered.
8. A certified copy of the restitution order is attached.

Clerk of the Superior Court

Date: _____

by _____, Deputy

