ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):		
EMAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORM CENTRAL DIVISION, SMALL CLAIMS, 33			_
PLAINTIFF(S)			-
DEFENDANT(S)			_
DECLARATION AND ORDER RE SATISFACTION OF JUDGMENT			CASE NUMBER
L		am the iu	dgment debtor and declare as follows
(check all that apply):		, an the ju	
☐ The judgment and costs ☐ The judgment creditor ha ☐ The present address of th ☐ The documents attached ☐ An abstract of judgment ☐ A ce	as been requested to file a S he judgment creditor is unki I to this declaration constitut	Satisfaction of Judgmo nown to me. te proof that the judgr	
each county where recorded)			
COUNTY	DATE OF REC	CORDING	INSTRUMENT NUMBER
NOTE: In order to release or terminate any listed and/or the Secretary of State		opy of full satisfaction of	judgment must be filed with each county
FULL NAME AND LAST KNOWN ADDRESS OF JUDGMENT CREDITOR: FULL		FULL NAME AND AD	DRESS OF ASSIGNEE OF RECORD, IF ANY:
I declare under penalty of perjury un	der the laws of the State of	California that the for	regoing is true and correct.
Date:	-		
_			
Type or print name			Signature of Declarant

FOR COURT USE ONLY

Upon review of the above declaration and attached documents and good cause appearing, full satisfaction of judgment is ordered and **ENTERED**.

Satisfaction of judgment has **NOT** been entered. For the following reason(s):

Date: _____

Judge/Commissioner of the Superior Court



CLERK'S CERTIFICATE

The foregoing document, consisting of _____ page(s), is a full, true, and correct copy of the _____ original ____ copy on file in this office.

Clerk of the Superior Court

Date: _____

by _____, Deputy