

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL <input type="checkbox"/> 939 West Main Street, El Centro, CA 92243 <input type="checkbox"/> 2124 Winterhaven Drive, Winterhaven, CA 92283	
PLAINTIFF: DEFENDANT(S):	
DECLARATION AND ORDER RE: SATISFACTION OF JUDGMENT CCP § 116.850	CASE NUMBER:

- I am the judgment Debtor in this case.
- Judgment was entered against me on _____.
- I have Satisfied (paid) the Judgment as follows:
 - Fully, including interest and costs. OR
 - Partially in the amount of \$ _____. AND
 - The judgment creditor refuses to accept any more payments.
- I have requested that the judgment creditor file an acknowledgment of satisfaction of judgment.
 I made my request verbally in writing on (date) _____. Fourteen days have passed since my request, and as of the date of this declaration, the judgment creditor has failed to or refused to comply with my request.
- The following document(s), which constitutes evidence of full partial payment of the judgment is attached:
 - Cancelled check
 - Money order written by me after judgment payable to and endorsed by the judgment creditor
 - Cash receipt for the amount paid, signed by the judgment creditor.
- An abstract of judgment A certified copy of the judgment has been recorded as follows (*complete all information for each county where recorded*)

COUNTY	DATE OF RECORDING	INSTRUMENT NUMBER
_____	_____	_____
_____	_____	_____

NOTE: In order to release or terminate any liens listed above, a certified copy of full satisfaction of judgment must be filed with each county listed and/or the Secretary of State.

FULL NAME AND LAST KNOWN ADDRESS OF JUDGMENT CREDITOR:	FULL NAME AND ADDRESS OF ASSIGNEE OF RECORD, IF ANY:
_____	_____
_____	_____
_____	_____

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

Type or Print Name	Signature of Declarant
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SHORT TITLE:	CASE NUMBER:
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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 reasons:

Date: _____

Judge/Commissioner/Referee 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