

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"/> 220 Main Street, Brawley, CA 92227 <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: _____

1. I am the judgment Debtor in this case.
2. Judgment was entered against me on _____.
3. 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.
4. 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.
5. 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.
6. 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
--------------------	------------------------

SHORT TITLE:	CASE NUMBER:
--------------	--------------

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 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