ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY RECEIVED
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. MAIN STREET EL CENTRO, CA 92243	
PETITIONER: RESPONDENT:	
JUDGMENT AFTER TRIAL Request to the Court	CASE NUMBER:
Request to the Court	<u> </u>
A Proposed Judgment for the Trial held on date:	
named on date:	, as required
in Imperial County Superior Court Local Rule 5.1.28.	
I also included a letter to the other party explaining the steps the	ney may take. Ten calendar days
have passed since service upon the other party and	
☐ I have not received any response.	
☐ I have received the following response(s) from	the other party:
I ask the Court to please sign the attached Proposed Judgment.	
Sincerely,	
Signature:	
Name:	