ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME:	FOR COURT USE ONLY
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE NO:	
FAX NO. (Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ	
Watsonville Branch	
1 Second Street, Room 300	
Watsonville, CA 95076	
PLAINTIFF/PETITIONER:	
VS.	
DEFENDANT/RESPONDENT:	
DECLARATION OF JUDGMENT DEBTOR AND REQUEST TO ENTER	CASE NUMBER:
SATISFACTION OF JUDGMENT	

I, the undersigned Judgment Debtor in the above entitled action declare:

- 1. Judgment was entered against me on (date) ______ in the amount of \$ _____.
- 2. I have satisfied the judgment as follows (state when and how paid –check, money order, cash, etc.):
- 3. Proof of Payment is attached. Number of pages attached ______
- 4. On (date) ______, I requested that the Judgment Creditor file an Acknowledgment of Satisfaction of Judgment (if not, explain attempts to contact Creditor): ______
- 5. Therefore, I request that the Clerk of the Court enter Satisfaction of Judgment pursuant to Code of Civil Procedure § 116.850(c). On the date indicated below, I am mailing a copy of this Declaration to the Judgment Creditor at the following current or last known address (Creditor Name and Address):

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

Date:			
Print y	/our name	Sign here	
Form Adopted for Superior Court of SUPSC 013	r OPTIONAL USE Santa Cruz County 01/17/20	DECLARATION OF JUDGMENT DEBTOR AND REQUEST TO ENTER SATISFATION OF JUDGMENT	Page 1 of 1