

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 1000, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF(S) _____	
DEFENDANT(S) _____	
<b>JUDGMENT ON SISTER-STATE JUDGMENT</b>	CASE NUMBER _____

Pursuant to Code Civ. Proc. § 1710.25, and based on the Application for Entry of Judgment on Sister-State Judgment filed herein by \_\_\_\_\_

\_\_\_\_\_,  
 Judgment Creditor(s), judgment is entered in favor of said Judgment Creditor(s) and against \_\_\_\_\_

\_\_\_\_\_,  
 Judgment Debtor(s), in the sum of \$ \_\_\_\_\_.



Clerk of the Superior Court

Date: \_\_\_\_\_ by \_\_\_\_\_, Deputy