ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) TELEPHONE NO: ATTORNEY FOR (Name)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR STREET ADDRESS: 500 ARGONAUT LANE MAILING ADDRESS: SAME CITY, STATE, ZIP: JACKSON, CA 95642	
PLAINTIFF: DEFENDANT:	
DECLARATION OF JUDGMENT DEBTOR REGARDING SATISFACTION OF JUDGMENT (C.C.P. 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 documents(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.

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

_____	_____	_____
Date	Print Judgment Debtor's Name	Signature of Judgment Debtor

CLERK'S CERTIFICATE OF ENTRY OF SATISFACTION

Satisfaction of judgment entered in register of actions pursuant to C.C. P. 116.850(c) as follows:

☐ Full Satisfaction ☐ Partial Satisfaction in the amount of $_____.

Date: _____ Clerk of the Court, by: _____, Deputy

(Court Seal)