

ATTORNEY OR PERSON WITHOUT ATTORNEY (Name, State Bar number, and address):

 Recording requested by and return to:

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR: JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NAME:

ABSTRACT OF JUDGMENT—RESTITUTION Amended

FOR RECORDER'S USE ONLY

CASE NUMBER:

FOR COURT USE ONLY

1. The judgment creditor assignee of record other (specify):

applies for an abstract of judgment and represents the following:

- a. Judgment debtor's

Name and last known address

--	--	--

--	--	--

- b. Driver's license no. [last 4 digits] and state:

 Unknown

- c. Social security no. [last 4 digits]:

 Unknown

- d. Date of birth:

 Unknown

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT OR ATTORNEY)

 ON INFORMATION AND BELIEF

CASE NAME:	CASE NUMBER:
------------	--------------

CERTIFICATION

2. I certify that the following is a true and correct judgment entered in this action.

3. Judgment creditor (*name*):
 whose address or whose attorney's address appears on this form above the court's name.

4. Judgment debtor (*full name as it appears in judgment*):

5. Judgment entered on (*date*):

6. Total amount of judgment as entered or last renewed: \$

7. A stay of enforcement was ordered on: _____ and is effective until:
 A stay of enforcement was not ordered.

[SEAL]

This abstract of judgment was issued on (*date*):

Clerk, by

, Deputy