| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar I  | number, and address):                         | FOR COURT USE ONLY                              |
|--|---|---|
|  |   |   |
|  |   |   |
|  |   |   |
| TELEPHONE NO.:   | FAX NO. (Optional):                           |   |
| E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):   |   |   |
|  |   | 1   |
| SUPERIOR COURT OF CALIFORNIA, COUNTY ( STREET ADDRESS:   | JF  |   |
| MAILING ADDRESS:   |   |   |
| CITY AND ZIP CODE:   |   |   |
| BRANCH NAME:   |   |   |
| PLAINTIFF/PETITIONER:  |   |   |
| DEFENDANT/RESPONDENT:  |   |   |
| REQUEST FOR Entry O  | f Default Clerk's Judgment                    | CASE NUMBER:                                    |
| (Application)  |   |   |
|  | udgment                                       |   |
| <ol> <li>TO THE CLERK: On the complaint or cross<br/>a. on (date):</li> </ol>  | s-complaint filed                             |   |
| b. by (name):  |   |   |
| c. Enter default of defendant (names   | ).  |   |
|  | ,   |   |
| d. I request a court judgment under C  | Code of Civil Procedure sections 585(b), 58   | 5(c), 989, etc., against defendant (names):     |
|  |   |   |
| (Testimony required Apply to the   | clerk for a hearing date, unless the court w  | ill enter a judgment on an affidavit under Code |
| Civ. Proc., § 585(d).)   | cicix for a ricaring date, unless the court w | in enter a juagment on an amaavit under oode    |
| e. Enter clerk's judgment  |   |   |
|  |   | the judgment. Code of Civil Procedure section   |
|  | (Code Civ. Proc., § 1169.)                    | ants, and other occupants of the premises. The  |
|  |   | opliance with Code of Civil Procedure section   |
| 415.46.  |   |   |
| (2) under Code of Civil Proc<br>reverse (item 5).)   | edure section 585(a). (Complete the decla     | ration under Code Civ. Proc., § 585.5 on the    |
| (3) for default previously en  | tered on <i>(date):</i>                       |   |
| 2. Judgment to be entered.   | Amount Credits a                              | <u>cknowledged</u> <u>Balance</u>               |
| The state of the s | \$  | \$  |
| b. Statement of damages * (1) Special  | ¢ \$  | \$  |
| (2) General  | \$<br>\$                                      | \$  |
| c. Interest  | \$  | \$  |
| d. Costs (see reverse)   | \$<br>\$                                      | \$  |
| e. Attorney fees   | \$  | \$  |
| f. TOTALS  | \$ \$   | \$  |
| g. Daily damages were demanded in com<br>(* Personal injury or wrongful death actions,   |   | per day beginning (date):                       |
| 3. (Check if filed in an unlawful detainer   | case) Legal document assistant or unla        | wful detainer assistant information is on       |
| the reverse (complete item 4).   | ,   |   |
| Date:  | <b>)</b>                                      |   |
| (TYPE OR PRINT NAME)   | (SIGNATI                                      | IRE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)     |
| (1) Default entered as   | s requested on (date):                        |   |
|  | red as requested (state reason):              |   |

**USE ONLY** 

Clerk, by.

| PLAINTIFF/PETITIONER:   | CASE NUMBER:  |
|---|---|
| DEFENDANT/RESPONDENT:   |   |
| I. Legal document assistant or unlawful detainer assistant (But or unlawful detainer assistant did did not for a (If declarant has received any help or advice for pay from a legal | compensation give advice or assistance with this form.  |
| a. Assistant's name:  | c. Telephone no.:   |
| b. Street address, city, and zip code:  | d. County of registration:  |
|   | e. Registration no.:  |
|   | f. Expires on (date):   |
| 5. Declaration under Code of Civil Procedure Section 585 This action  | 5.5 (required for entry of default under Code Civ. Proc., § 585(a)).  |
|   | oods or services subject to Civ. Code, § 1801 et seq. (Unruh Act). t to Civ. Code, § 2981 et seq. (Rees-Levering Motor Vehicle Sales  |
|   | pans, or extensions of credit subject to Code Civ. Proc., § 395(b).   |
| b. <b>mailed</b> first-class, postage prepaid, in a sealed envelop  | s Request for Entry of Default was sees are <b>unknown</b> to plaintiff or plaintiff's attorney (names):  pe addressed to each defendant's attorney of record or, if none, to |
| each defendant's last known address as follows:  (1) Mailed on (date):  | (2) To (specify names and addresses shown on the envelopes):  |
| (TYPE OR PRINT NAME)  | (SIGNATURE OF DECLARANT)  |
| 7. Memorandum of costs (required if money judgment requested)   | . Costs and disbursements are as follows (Code Civ. Proc.,  |
| § 1033.5): a. Clerk's filing fees \$  |   |
| a. Clerk's filing fees  |   |
|   |   |
| c. Other (specify): \$ d. \$  |   |
| d\$<br>e. TOTAL\$   |   |
| f. Costs and disbursements are waived.  | <del></del>   |
|   |   |
| Date:   | <b>L</b>  |
| (TYPE OR PRINT NAME)  | (SIGNATURE OF DECLARANT)  |
|   | nent). No defendant named in item 1c of the application is in the ervicemembers Civil Relief Act (50 U.S.C. App. § 501 et seq.).  |
| declare under penalty of perjury under the laws of the State of Cali<br>Date:   | fornia that the foregoing is true and correct.  |
| (TYPE OR PRINT NAME)  | (SIGNATURE OF DECLARANT)  |