ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COU	URT USE ONLY
TELEPHONE NO: FAX NO. (Optional) E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO		
ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:	CASE NUMBER:	
RESPONDENT/DEFENDANT:	HEARING DATE:	
	TIME:	DEPT.:
NOTICED MOTION REQUESTING ENTRY OF JUI AND SUPPORTING DECLARA (Small Claims)		EFAULT
I,, Pla	intiff/Defendant in thi (circle)	s action, declare that:
1. On (date) the parties stipulated that Defeterms of the agreement reached in mediation, copy attached .	,	n pursuant to the
2. Defendant/Plaintiff,	, breached the agre	ement as follows:
3. On (date), I sent a copy of the document to the address listed in the agreement.	to Defendant/Plaintiff	through regular mail
4. Plaintiff/Defendant requests that the dismissal of this action be vacated a relief pursuant to the terms of the agreement and the breach as stated above.	nd that the Court enter	a judgment granting
I declare under penalty of perjury that the foregoing is true and correct.		
Date:	ant declarent	
Signature of Plaintiff/Defend	ant, deciarant	