ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		For Court Use Only
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO		
<ul> <li>UKIAH Courthouse</li> <li>100 North State Street</li> <li>Ukiah, CA 95482</li> </ul>	TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		
NOTICED MOTION REQUESTING ENTRY OF JUDGMENT		HEARING DATE:
AFTER DEFAULT AND SUPPORTING DECLARATION (Small Claims)		TIME: DEPT.
I, <sub>(name)</sub> , am the  Plaintiff  Defendant in this action and I declare that:		
1. On (date) parties stipulated that Defendant perform pursuant to the terms of the Small Claims Settlement Agreement, copy attached.		
2. Plaintiff Defendant, (name)		_, breached the agreement as follows:

- 3. I request that this action be heard so the dismissal previously entered may be set aside and that the Court enter a judgment granting relief pursuant to the terms of the *Small Claims Settlement Agreement* and the breach as stated above.
- 4. Upon receipt of a hearing date (as stated above) I shall have someone who is 18 years of age or older and who is not a party to this action serve a copy of this document to Plaintiff Defendant, either by personal service or through regular mail to the address as noted on the *Small Claims Settlement Agreement* and I shall then file the appropriate *Proof of Service* with the Court.

I declare under penalty of perjury that the foregoing is true and correct.

Date: