

SMALL CLAIMS CASE NO.

PLAINTIFF/DEMANDANTE (Name, address, and telephone number of each):

DEFENDANT/DEMANDADO (Name, address, and telephone number of each):

Telephone No.:

Telephone No.:



Telephone No.:

Telephone No.:

See attached sheet for additional plaintiffs and defendants.

REQUEST TO CORRECT OR VACATE JUDGMENT

FILING THIS REQUEST DOES NOT INCREASE THE TIME FOR FILING A NOTICE OF APPEAL

REQUEST TO CORRECT VACATE JUDGMENT

- 1. I request the court to make an order to correct vacate the judgment entered on (date):
2. My request is based on this declaration and the records on file with the court.

DECLARATION SUPPORTING MY REQUEST

- 3. I am the plaintiff defendant in this action.
4. The facts supporting this request
a. to correct a clerical error in the judgment
b. to set aside or vacate the judgment on the grounds of an incorrect or erroneous legal basis for the decision
are as follows (specify facts, statute, rule of court, case law, etc.):

Item 4 continued on attached page.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

If you wish to oppose this request, please file a response with the court within 15 days and serve a copy on the opposing side.

No hearing will be held unless ordered by the court.

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action. A copy of this Request was mailed first class, postage prepaid, in a sealed envelope to the responding party at the address shown above. The mailing and this certification occurred at (place): , California, on (date):

Clerk, by , Deputy

The county provides small claims advisor services free of charge.

**FOR COURT USE ONLY**

**ORDER**

1.  Request is granted.

2.  Request is denied.

3.  A hearing on this request is scheduled as follows:

DATE	DAY	TIME	PLACE

4.  Other orders:

5.  Comments, if any:

Date:

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(JUDGE)