Print Form

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) Telephone Number ATTORNEY FOR: (Name:)	FOR COURT USE ONLY
NAME OF COURT: PLACER COUNTY SUPERIOR COURT ADDRESS: 10820 Justice Center Drive P.O. Box 619072 CITY AND ZIP: Roseville, CA 95661-9072	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
JUDGMENT BY CLERK – SISTER STATE JUDGMENT CCP § 1710.25	CASE NUMBER:

In this action the Plaintiff _____,

against the Defendant _____, in the State of

_____and having applied for entry of Sister State Judgment under the provisions of Section 1710.10 of the Code of Civil Procedure.

IT IS HEREBY ORDERED AND ADJUDGED that Plaintiff_____,

have and recover from Defendant _____, the sum of

$_____ principal; $_____ interest: $_____attorney fees; together with

the costs in the sum of $_____ for a total judgment of $_____

_____
Deputy Clerk

Date: