NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS	5 ANGELES	
COURTHOUSE ADDRESS:		
PLAINTIFF:		
DEFENDANT:		
REQUEST FOR ENFORCEMENT OF SUMMARY J	UDGMENT	CASE NUMBER:
PURSUANT TO PENAL CODE SECTION 1	306	

[USE A SEPARATE FORM FOR EACH DEFENDANT]

1.	I Judgment Creditor		
	I attorney for the judgment Creditor,		
	hereby request enforcement of the Summary Judgment Number	_ issued on	
	, on Criminal Case Number	_, in Dept./Div	
	by, Judicial Officer Presidir	ng.	
2.	I \Box am \Box am not requesting immediate issuance of: \Box a Writ of Execution \Box an Abstract of Judgment		
3.	The Summary Judgment to be enforced against the defendant is as follows:		
	a. Amount of the summary judgment \$		
	b. Interest, if any\$		
	c. Costs (court fees*, including administrative charges) \$		
	d. Total amount to be enforced as civil judgment		

* All fees waived by the court must be reimbursed upon partial or full satisfaction of the summary judgment.
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Dated

LACIV 212 (Rev. 12-14) LASC Approved 09-08 For Optional Use Pen. Code, § 1306(e)(2)