## CIV-130

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY
TELEPHONE	E NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Opt	ional):		
ATTORNEY FOR (A	lame):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
DEFENDANT/RESPONDENT:			
NOTICE OF ENTRY OF JUDGMENT			CASE NUMBER:
OR ORDER			CASE NOWBER.
(Check one):	UNLIMITED CASE (Amount demanded exceeded \$25,000)	LIMITED CASE (Amount demanded was \$25,000 or less)	

## TO ALL PARTIES :

1. A judgment, decree, or order was entered in this action on (date):

2. A copy of the judgment, decree, or order is attached to this notice.

Date:	
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)

## **PROOF OF SERVICE BY FIRST-CLASS MAIL** NOTICE OF ENTRY OF JUDGMENT OR ORDER

## (NOTE: You cannot serve the Notice of Entry of Judgment or Order if you are a party in the action. The person who served the notice must complete this proof of service.)

- 1. I am at least 18 years old and not a party to this action. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (specify):
- 2. I served a copy of the Notice of Entry of Judgment or Order by enclosing it in a sealed envelope with postage fully prepaid and (check one):
  - a. deposited the sealed envelope with the United States Postal Service.
  - placed the sealed envelope for collection and processing for mailing, following this business's usual practices, b. with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

- 3. The Notice of Entry of Judgment or Order was mailed:
  - a. on (date):
  - b. from (city and state):

4. The envelope was addressed and mailed as follows:

a.	Name of person served:	C.	Name of person served:
	Street address:		Street address:
	City:		City:
	State and zip code:		State and zip code:
b.	Name of person served:	d.	Name of person served:
	Street address:		Street address:
	City:		City:
	State and zip code:		State and zip code:

Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

5. Number of pages attached

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 OF DECLARANT)

(SIGNATURE OF DECLARANT)