

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>name and Address</i> ): NO.:  ATTORNEY FOR ( <i>Name</i> ):	TELEPHONE          <b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA</b> <input type="checkbox"/> LIMITED STREET ADDRESS: <span style="float: right;"><b>CIVIL CASE</b></span> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME::	
<b>NOTICE OF MOTION AND MOTION FOR ORDER          PERMITTING PAYMENT OF JUDGMENT BY INSTALLMENTS</b>	CASE NUMBER:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_ Date of Filing Original Complaint: \_\_\_\_\_

NOTICE IS HEREBY GIVEN that on \_\_\_\_\_, at \_\_\_\_\_ m. or as soon thereafter as the matter may be heard, in Courtroom \_\_\_\_\_ of the above-captioned court, defendant \_\_\_\_\_ shall move the court for an order permitting payment of the judgment in the within action to be paid in installments.

This motion is made pursuant to: California Code of Civil Procedure Section 582.5  
 California Vehicle Code Sections 16379 and 16380

on the grounds that defendant \_\_\_\_\_ does not have the means to pay the judgment in this action  
 \_\_\_\_\_ is severely restricted in finding employment without the ability to drive.

Facts supporting this motion are set forth in the following declaration.

Judgment debtor requests a payment schedule as follows:

\_\_\_\_\_ dollars (\$ \_\_\_\_\_) per month commencing on \_\_\_\_\_  
 and \$ \_\_\_\_\_ each succeeding month thereafter until the entire \$ \_\_\_\_\_  
 judgment amount is paid in full.

Date: \_\_\_\_\_

-----  
 (Type or Print Your Name)

\_\_\_\_\_  
 (Your Signature)

**DECLARATION**

I, \_\_\_\_\_, declare as follows:

1. I am the judgment debtor in this action. I am a resident of the County of \_\_\_\_\_, State of California. I have personal knowledge of the following facts, and if called upon to testify, I could and would give competent testimony to the facts stated in this declaration.

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2. On or about \_\_\_\_\_, I was involved in a motor vehicle accident. At the time of the accident I did not have insurance to cover me for liability resulting from the accident.  
 other (*describe*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. On or about \_\_\_\_\_, a judgment was entered against me in this case in the sum of \$ \_\_\_\_\_ in damages and \$ \_\_\_\_\_ in costs; and that the total amount of the judgment is \$ \_\_\_\_\_.

4. I am not able to pay the judgment because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. As a result of the judgment against me in this case my driver's license has been suspended. I am unable to work without a driver's license because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 other (*describe*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. In order to get my driver's license reinstated, I must arrange for a payment schedule which I can reasonably meet.  
 other (*describe*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. My monthly income is \$ \_\_\_\_\_. I have \_\_\_\_\_ persons living in my household whom I support. Proof of my income is attached to this declaration as Exhibit "A." My completed financial statement is attached to this declaration as Exhibit "B." I believe I can make payments of \$ \_\_\_\_\_ per month beginning on \_\_\_\_\_.

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

Executed on \_\_\_\_\_, at \_\_\_\_\_, California.  
 (*Date you are signing this*) (*City you are signing this in*)

-----  
*(Print Your Name)*

\_\_\_\_\_  
*(Your Signature)*