PARTY NAME AND ADDRESS Plaintiff/Defendant	*FOR COURT USE ONLY*
SUPERIOR COURT OF SAN LUIS OBISPO COUNTY SMALL CLAIMS DIVISION ☐ **San Luis Obispo Branch,** 1035 Palm Street, Rm 385, San Luis Obispo, CA 93408 ☐ **Paso Robles Branch,** 901 Park Street, Paso Robles, CA 93446	
Plaintiff: Defendant:	
DECLARATION OF DEFAULT IN PAYMENTS AND REQUEST FOR COURT HEARING (SMALL CLAIMS)	**CASE NO:**

I,_____ declare as follows:

DECLARANT NAME

I am the Plaintiff/Defendant in the within action. A Mediation Agreement was entered into on _____ ,

whereby Plaintiff/Defendant_____was to make payments of $_____per month

commencing on _____, and said Plaintiff/Defendant has defaulted in making payments on my claim. To date I have received

$_____. Other Terms:_____.

I am hereby requesting that the court set this matter on its earliest calendar date for entry of judgment.

On_____ , I mailed (by regular U.S. mail) a copy of this Declaration and Request for Hearing to Plaintiff/Defendant

at:_____

STREET ADDRESS CITY STATE ZIP

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

DATE _____ _____

(SIGNATURE OF DECLARANT)