

| | | |
|---|----------------|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>). ATTORNEY FOR (<i>Name</i>): | TELEPHONE NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 SOUTH VICTORIA AVE., VENTURA CA. 93009 <input type="checkbox"/> 3855 - F ALAMO ST., SIMI VALLEY, CA. 93063-2110 | | <input type="checkbox"/> LIMITED CIVIL |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | | CASE NUMBER: Date: _____ Time: _____ Courtroom: _____ |
| MOTION FOR PAYMENT OF JUDGMENT BY INSTALLMENTS | | |

NOTICE IS HEREBY GIVEN that on _____, at _____ a.m. p.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 the 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: _____

 (Signature of Defendant)

 (Type or Print Name)

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.
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.

| | |
|--------------|--------------|
| Short Title: | Case Number: |
|--------------|--------------|

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 commencing 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.

 Type or Print Name

 Signature of Defendant

