ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)* TELEPHONE NO.:	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
ATTORNEY FOR *(Name)*:	
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF: DEFENDANT:	
NOTICE OF RENEWAL OF JUDGMENT	CASE NUMBER:

TO JUDGMENT DEBTOR *(name):*

1. **This renewal extends** the period of enforceability of the judgment until 10 years from the date the application for renewal was filed.
2. **If you object** to this renewal, you may make a motion to vacate or modify the renewal with this court.
3. You must make this motion within **30 days** after service of this notice on you.
4. A copy of the *Application for and Renewal of Judgment* is attached *(Cal. Rules of Court, rule 3.1900).*

Date: Clerk, by _____ , Deputy

[SEAL]

See CCP 683.160 for information on method of service

Form Adopted for Mandatory Use
Judicial Council of California
EJ-195 [Rev. January 1, 2007]

NOTICE OF RENEWAL OF JUDGMENT

Code of Civil Procedure, § 683.160
www.courtinfo.ca.gov

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