

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO. (Optional):	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO		
STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		
JUDGMENT ON SISTER-STATE JUDGMENT	CASE NUMBER:	

I hereby certify that the judgment on sister-state judgment *is not* based upon a law of another state that authorizes a person to bring a civil action against a person or entity that (1) receives or seeks an abortion; (2) performs, provides, or induces an abortion; (3) knowingly engages in conduct that aids or abets the performance, provision or induces an abortion; or (4) attempts or intends to engage in the conduct described in items (1) through (3). (*H&S § 123467.5*)

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

Date:

 (Type or Print Name)

 (Signature of Judgment Creditor or Attorney)

Pursuant to the Code of Civil Procedure, Section 1710.25, and based on the Application for Entry of Judgment on Sister-State Judgment filed herein by:

 (Name of judgment creditor)

Judgment Creditor(s), judgment is entered in favor of said Judgment Creditor(s) and against:

 (Name of judgment debtor)

Judgment Debtor(s), in the sum of \$ _____

(To be completed by clerk)

CLERK OF THE SUPERIOR COURT

Date: _____

Clerk, by _____, Deputy

JUDGMENT ON SISTER-STATE JUDGMENT