ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (*name*):	***FOR COURT USE ONLY***
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
CERTIFICATE OF REINSTATEMENT OF JUDGMENT LIEN	CASE NUMBER:

1. Judgment creditor *(name):*
   asked the court for an order reinstating a released judgment lien. The lien was on *(check one):*
   a. ☐ real property.
   b. ☐ personal property.
   ☐ *This order reinstates multiple liens. The additional liens are listed on Attachment 1.*

2. The judgment was entered as follows:
   a. Court name *(specify):*
   b. Case name *(specify):*
   c. Case number *(specify):*
   d. Date of entry of judgment *(specify):*
   e. Dollar amount of judgment *(specify):* $

3. The original abstract of judgment was filed or recorded as follows:
   a. County *(specify):*
   b. Instrument number *(specify):*
   c. Date of recording *(specify):*

4. ☐ A notice of lien on personal property was filed with the Secretary of State as follows:
   a. Filing number *(specify):*
   b. Filing date *(specify):*
   ☐ *Additional notices of lien are listed on Attachment 4.*

5. The amount currently required to satisfy the judgment is *(specify):* $

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

6. The name and last known address of the judgment debtor are *(specify):*

☐ *Additional judgment debtors and their last known addresses are listed on Attachment 6.*

7. The liens discussed in item 1 are reinstated with the same priority they held at the time they were released.

[SEAL]

Date: _____ Clerk, by _____, Deputy

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