

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) TELEPHONE NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 301 BICENTENNIAL CIRCLE, ROOM 300 MAILING ADDRESS: SMALL CLAIMS UNIT CITY AND ZIP CODE: SACRAMENTO, CA 95826 BRANCH NAME: CAROL MILLER JUSTICE CENTER PHONE: (916) 875-7514	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
CERTIFICATE OF ADDED COSTS	CASE NUMBER:

To the Sheriff of _____ County. LEVYING OFFICER NUMBER: _____

I, _____, the undersigned Deputy Clerk of the above named court, certify that the following is true and correct:

After filing of a Memorandum of Costs pursuant to Section 685.70 of the Code of Civil Procedure on ___/___/_____, and no Motion to Tax costs been filed within the time allowed, costs in the amount of \$ _____ are to be added to the judgment in the above named case pursuant to Section 685-090 of the Code of Civil Procedure.

Dated: ___/___/_____

 DEPUTY CLERK

(SEAL)