ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO .:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 PETITIONER(S)		
RESPONDENT(S)		JUDGE/DEPT
NOTICE OF CASE COI (PRIVATELY COMPENSATED TI		CASE NUMBER

NOTICE IS HEREBY GIVEN that the above-entitled ca	se has concluded. I, (name),
was assigned as a privately compensated temporary ju	dge (PCTJ) in the above-entitled matter on or about (date)
by (judicial o	fficer who appointed the PCTJ). This matter was resolved by
agreement of the parties, judgment or order after	hearing, 🗌 other

I have been advised by counsel that no further post-judgment litigation is pending at this time.

Date: _____

Type or print name

Signature of Privately Compensated Temporary Judge