




ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): R. Samuel Paz (SBN 62373) LAW OFFICES OF R. SAMUEL PAZ 5711 W. Slauson Ave. Suite 100 Culver City, CA 90230 TELEPHONE NO.: 310 410-2981 FAX NO. (Optional): 310 410-2957 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Sonia Mercado et.al.	FOR COURT USE ONLY FILED Superior Court of California County of Los Angeles MAR 24 2010  John A. Clarke, Executive Officer/Clerk By  Sandra Switzer, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Central District	
PLAINTIFF/PETITIONER: Sonia Mercado, et al. DEFENDANT/RESPONDENT: Jose Castaneda aka Jose Castaneda Salazar	
REQUEST FOR (Application) <input type="checkbox"/> Entry of Default <input type="checkbox"/> Clerk's Judgment <input checked="" type="checkbox"/> Court Judgment	CASE NUMBER: <p style="text-align: center; font-size: 1.2em;">BC 402096</p>

1. TO THE CLERK: On the complaint or cross-complaint filed
- a. on (date): November 18, 2008
 - b. by (name): R. Samuel Paz
 - c. Enter default of defendant (names):
 - d. I request a court judgment under Code of Civil Procedure sections 585(b), 585(c), 989, etc., against defendant (names):
Jose Castaneda aka Jose Castaneda Salazar
(Testimony required. Apply to the clerk for a hearing date, unless the court will enter a judgment on an affidavit under Code Civ. Proc., § 585(d).)
 - e. Enter clerk's judgment
 - (1) for restitution of the premises only and issue a writ of execution on the judgment. Code of Civil Procedure section 1174(c) does not apply. (Code Civ. Proc., § 1169.)
 Include in the judgment all tenants, subtenants, named claimants, and other occupants of the premises. The *Prejudgment Claim of Right to Possession* was served in compliance with Code of Civil Procedure section 415.46.
 - (2) under Code of Civil Procedure section 585(a). (Complete the declaration under Code Civ. Proc., § 585.5 on the reverse (item 5).)
 - (3) for default previously entered on (date):

2. Judgment to be entered.

	Amount	Credits acknowledged	Balance
a. Demand of complaint	\$ 0	\$	\$
b. Statement of damages * 			
(1) Special Punitive	\$ 25,000.00	\$	\$
(2) General	\$ 50,000.00	\$	\$
c. Interest	\$ 0	\$	\$
d. Costs (see reverse)	\$ 1,890.08	\$	\$
e. Attorney fees	\$ 0	\$	\$
f. TOTALS	\$ 76,890.08	\$	\$

g. Daily damages were demanded in complaint at the rate of: \$ 0 per day beginning (date):
 (* Personal injury or wrongful death actions; Code Civ. Proc., § 425.11.)

3. (Check if filed in an unlawful detainer case) Legal document assistant or unlawful detainer assistant information is on the reverse (complete item 4).

Date: **March 9, 2010**
R. Samuel Paz

 (TYPE OR PRINT NAME) (SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

FOR COURT USE ONLY	(1) <input type="checkbox"/> Default entered as requested on (date): (2) <input type="checkbox"/> Default NOT entered as requested (state reason):	Clerk, by _____, Deputy
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PLAINTIFF/PETITIONER: Sonia Mercado, et al. DEFENDANT/RESPONDENT: Jose Castaneda aka Jose Castaneda Salazar	CASE NUMBER: <p style="text-align: center; font-weight: bold;">BC 402096</p>
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4. **Legal document assistant or unlawful detainer assistant (Bus. & Prof. Code, § 6400 et seq.).** A legal document assistant or unlawful detainer assistant did did not for compensation give advice or assistance with this form. (If declarant has received **any** help or advice for pay from a legal document assistant or unlawful detainer assistant, state):

- | | |
|--|--|
| a. Assistant's name:
b. Street address, city, and zip code: | c. Telephone no.:
d. County of registration:
e. Registration no.:
f. Expires on (date): |
|--|--|

5. **Declaration under Code of Civil Procedure Section 585.5 (required for entry of default under Code Civ. Proc., § 585(a)).**

This action

- a. is is not on a contract or installment sale for goods or services subject to Civ. Code, § 1801 et seq. (Unruh Act).
 b. is is not on a conditional sales contract subject to Civ. Code, § 2981 et seq. (Rees-Levering Motor Vehicle Sales and Finance Act).
 c. is is not on an obligation for goods, services, loans, or extensions of credit subject to Code Civ. Proc., § 395(b).

6. **Declaration of mailing (Code Civ. Proc., § 587).** A copy of this *Request for Entry of Default* was

- a. **not mailed** to the following defendants, whose addresses are **unknown** to plaintiff or plaintiff's attorney (names):
 b. **mailed** first-class, postage prepaid, in a sealed envelope addressed to each defendant's attorney of record or, if none, to each defendant's last known address as follows:
 (1) Mailed on (date): _____ (2) To (specify names and addresses shown on the envelopes): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing items 4, 5, and 6 are true and correct.
 Date: **March 9, 2010**

R. Samuel Paz _____
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. **Memorandum of costs (required if money judgment requested).** Costs and disbursements are as follows (Code Civ. Proc., § 1033.5):

a. Clerk's filing fees	\$ 320.00
b. Process server's fees	\$ 139.50
c. Other (specify):	\$
d. <u>court filings, couriers, copies, etc.</u>	\$ 1,430.58
e. TOTAL	\$ 1,890.08

- f. Costs and disbursements are waived.
 g. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief this memorandum of costs is correct and these costs were necessarily incurred in this case.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: **March 9, 2010**

R. Samuel Paz _____
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

8. **Declaration of nonmilitary status (required for a judgment).** No defendant named in item 1c of the application is in the military service so as to be entitled to the benefits of the Servicemembers Civil Relief Act (50 U.S.C. App. § 501 et seq.).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: **March 9, 2010**

R. Samuel Paz _____
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)



FOR OFFICE USE ONLY
DATE RECEIVED: _____
CASE NUMBER: _____

COMPLAINT
**ALLEGING FAILURE OF DEPARTMENT OF JUSTICE EMPLOYEE
 TO PROVIDE RIGHTS TO A CRIME VICTIM UNDER
 THE CRIME VICTIMS' RIGHTS ACT OF 2004**

<i>Return signed form, including additional pages or documents, to:</i>	
Steven R. Taylor Antitrust Division, San Francisco Office 450 Golden Gate Avenue, Room 10-0101 San Francisco, CA 94102	Phone: 415-436-6726 Fax: 415-436-6683

This Complaint form is not designed for the correction of specific victims' rights violations, but is instead to request corrective or disciplinary action against Department of Justice employees who may have failed to provide or have violated the rights of a crime victim under the Crime Victims' Rights Act of 2004. A crime victim includes any person who has been directly and proximately harmed as a result of the commission of a Federal offense or an offense in the District of Columbia.

All complaints must be submitted within sixty (60) days of the victim's knowledge of a violation by the Department of Justice employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the Federal Government in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

<input type="checkbox"/>	Victim	<input type="checkbox"/>	Attorney representing victim
<input type="checkbox"/>	Legal Guardian	<input type="checkbox"/>	Other representative (describe) _____

Name, phone number and relationship to victim of person completing this form (if not the victim).

Is the victim represented by an attorney in this complaint? Yes No

If yes, please provide the attorney's name and contact information. All future contacts with the victim regarding this complaint will be made through the attorney.

1. **PERSONAL INFORMATION ABOUT THE VICTIM**

First Name:	Middle Name:	Last Name:	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>			
Street Address:			
City:	State:	Country:	Zip Code:
Home Telephone No:	Work Telephone No:	Cell Phone No:	
Email Address:			

2. **INFORMATION ABOUT THE CRIMINAL CASE**

The following section requests important information about the criminal investigation or case in which you are a victim. Please provide as much information as you can.

Stage of the Criminal Justice Process - Select most recent event:		
<input type="checkbox"/> Investigation <input type="checkbox"/> Arrest <input type="checkbox"/> Arraignment <input type="checkbox"/> Preliminary Hearing <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Trial <input type="checkbox"/> Sentencing <input type="checkbox"/> Parole Hearing <input type="checkbox"/> Other _____		
Defendant(s) Name(s):		
Case Number:	District Court:	Judge:

3. **INFORMATION ABOUT THE VICTIM'S COMPLAINT**

What is the location and name of the office(s) or organization(s) of the Department of Justice that is/are the subject of your complaint?

Is your complaint against a specific person in that office? Yes No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the right(s) about which you are complaining.

Which of the following rights afforded by the Crime Victims' Rights Act of 2004, 18 U.S.C. § 3771, do you feel you were denied? Please check all that apply.

- The right to be reasonably protected from the accused.
- The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused.
- The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding.
- The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding.
- The reasonable right to confer with the attorney for the Government in the case.
- The right to full and timely restitution as provided by law.
- The right to proceedings free from unreasonable delay.
- The right to be treated with fairness and with respect for the victim's dignity and privacy.

4. **STATEMENT OF COMPLAINANT**

Please provide as much detailed information about your complaint against the Department of Justice employee(s) as possible, including the date(s) of the alleged violation(s), and an explanation of how the violation(s) occurred. However, you should not discuss the facts of the criminal investigation or case in which you are a victim. You may attach additional pages or documents to this complaint.

5. **PRIOR NOTIFICATION TO THE DEPARTMENT OF JUSTICE**

Although you are not required to do so, did you notify the Department of Justice employee, or any employee of the office described above, of the alleged violation before filing this complaint? Yes No

If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the Department of Justice employee or any employee of the office described above; the name, address and telephone number of the person with whom you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve your complaint. You may attached additional pages or documents to this complaint.

6. **OTHER RELEVANT INFORMATION**

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

The information set forth herein is true and correct to the best of my knowledge.

Signature: _____
(Must be signed by Victim)

Date: _____

If the crime victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guardian of the crime victim or the representative of the crime victim's estate, family member, or any other person appointed by the court. Please check all that apply to the victim:

Under 18 years of age Incapacitated Incompetent Deceased

Signature: _____

Date: _____