

			CASE NUMBER:	
		<u> </u>		
Plaintiff((s) Name / Address / Email / Phone	Defendant(s)	Name / Address / Email / Phone	
ttornev	y for Plaintiff(s) Name / Address / Email / Phone	Attorney for	Defendant(s) Name / Address / Email / Phone	
			O VACATE JUDGMENT	ARSCP 1
n th	e □Plaintiff □ Plaintiff's Attorney			
n th	e 🗌 Defendant 🔲 Defendant's Attorney			
	sponse to the Motion to Vacate Judgment: e attach additional page(s) if more room is needed	I):		
te: _				
	☐ Plaintiff ☐ Defendant			
ou ha	ave 15 calendar days from date the motion wa	s filed with the cou	rt to file your response, if you y	wish to do so
	response is given, the court will consider the re	elief requested and	will enter an order without hea	ring any obje
	nay have.			
e re	esponse is required to be delivered to the othe	r party on the date	of filing with the court.	
	I CERTIFY that I delivered / mailed a copy of this	document to:		
	☐ Plaintiff ☐ Plaintiff's attorney	Defendant	☐ Defendant's attorney	
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