

CERTIFICATION OF
MOTOR VEHICLE
JUDGMENT

DATE _____
County No. _____
COUNTY _____
NO. _____ TERM _____ 20_____

(PLEASE TYPE)

TO THE SECRETARY OF TRANSPORTATION

This is to certify that on _____ a judgment for \$_____ plus
\$_____ was entered against the following:

JUDGMENT DEBTOR

Name: _____
Address: _____
City: _____
Date of Birth: _____
Operator Number: _____
Date of Accident: _____
Insurance Co. Claim Number _____
(If applicable)

JUDGMENT CREDITOR

ATTORNEY FOR THE JUDGMENT
CREDITOR (If applicable)

(NAME)

(STREET ADDRESS)

(CITY & STATE) (ZIP)

(TELEPHONE NO.)

(NAME)

(STREET ADDRESS)

(CITY & STATE) (ZIP)

(TELEPHONE NO.)

THE ABOVE MENTIONED JUDGMENT AROSE FROM A MOTOR VEHICLE ACCIDENT. SIXTY DAYS HAVE ELAPSED SINCE THE SAID JUDGMENT, AND THE SAME HAS NOT BEEN SATISFIED OF RECORD AND NO APPEAL HAS BEEN TAKEN THEREFROM.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of the
court this
Day of _____, 20_____

(SIGNATURE OF CLERK OR JUDGE OF THE
COURT IN WHICH THE JUDGMENT WAS RENDERED)

(Type of Print Name)

