

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	CERTIFICATE OF SATISFIED JUDGMENT	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant's name, address, and telephone no.
Defendant's attorney, bar no., address, and telephone no.

A judgment was entered by this court on _____ .
Date

☐ **Satisfaction by Party**

The judgment has been satisfied in full as to ☐ all defendants ☐ defendant _____ .
Name

_____ .
Date

Plaintiff/Attorney signature

☐ **Satisfaction by Clerk of the Court**

The judgment has been paid in full to the court on _____ .
Date

Court clerk/Deputy court clerk signature and date

☐ **Satisfaction by Judge**

After hearing, it has been determined that the judgment has been satisfied in full.

Judge signature and date

CERTIFICATE OF MAILING

I served a copy of this certificate on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined by MCR 2.107(C)(3). I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature