DL-201 (4-08)

Bureau of Driver Licensing
P.O. Box 60037
Harrisburg, PA 17106-0037

CERTIFICATION OF MOTOR VEHICLE JUDGMENT

COURT INFORMATION
COURT
COUNTY
NUMBER
YEAR

TO THE SECRETARY OF TRANSPORTATION

This is to certify that on_____ a judgment

for $_____ (AMOUNT) plus $_____ (COST) was entered against the following:

(Please use a separate form for each)

JUDGMENT DEBTOR

(Please Print or Type)

NAME			SEX	DATE OF BIRTH		
FIRST	MIDDLE	LAST		MONTH	DAY	YEAR

ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.

CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER
			- -

DRIVER NUMBER	STATE	DATE OF ACCIDENT	CLAIM NUMBER

❑ Check this block if defendant is a resident of another state

JUDGMENT CREDITOR

_____ (NAME)

_____ (STREET ADDRESS)

_____ (CITY & STATE) (ZIP)

_____ (TELEPHONE NUMBER)

REPRESENTATIVE FOR THE JUDGMENT CREDITOR (If applicable)

_____ (NAME)

_____ (STREET ADDRESS)

_____ (CITY & STATE) (ZIP)

_____ (TELEPHONE NUMBER)

THE ABOVE MENTIONED JUDGMENT AROSE FROM A MOTOR VEHICLE ACCIDENT. SIXTY DAYS HAVE ELAPSED SINCE THE ENTRY OF 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 _____ 19_____

_____
(SIGNATURE OF CLERK OR PROTHONOTARY OF THE COUNTY COURT)

SEAL

_____
(TYPE OR PRINT NAME)

RETURN COMPLETED FORM TO: Bureau of Driver Licensing, P.O. Box 60037, Harrisburg, Pennsylvania 17106-0037