

SATISFACTION OF JUDGMENT FORM
STATE OF FLORIDA, DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

SUSPENDED DRIVER'S PERSONAL INFORMATION (DEFENDANT/DEBTOR) PLEASE PRINT:

Last Name	First Name	Middle Initial	Suffix	FR Case Number
Date of Birth	Driver's License Number	Social Security Number	Date of Crash	
County	Date of Judgment	Amount	Court Case #	

COMPLETE FOR SATISFACTION:

Law Office Name	Law Office Address
Telephone Number	Email Address

BY SIGNING THIS FORM BELOW, I ACKNOWLEDGE FULL PAYMENT AND SATISFACTION OF THE ABOVE JUDGMENT RENDERED BY THE ABOVE LISTED COURT. **NOTE: ONE FORM PER DEFENDANT**

Attorney's Signature	Date
Attorney's Name	Plaintiff's Name
Date of Satisfaction	

NOTARY:

State of:

County of:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____,

Who is personally known to me or who has produced a/an _____ and who did (did not) take an oath.

Name of Notary _____

Affix Seal Here

Notary Public Signature _____

NOTE: FORM MUST BE MAILED OR FAXED DIRECTLY FROM THE ATTORNEY'S OFFICE. IF FORM IS PROVIDED TO THE DEFENDANT, IT REQUIRES NOTARIZATION.