CERTIFICATE OF JUDGMENT

MV3158 2/2009 s.344.05 Wis. Stats.

State of Wisconsin		County
Court		
PLAINTIFF Name and Mailing Address		DEFENDANT(S) Name(s) and Mailing Address(es)
ő		
	VS.	
Court Clerk Name		Defendant Street Address
City/Town/Village		City, State, ZIP Code
Accident Date		Driver License Number
		Defendant Birth Date
		Second Defendant Street Address
		City, State, ZIP Code
		Driver License Number
		Defendant Birth Date
		Belendant Birth Bate

I, the undersigned Clerk of Court, certify that the attached copy of a judgment is a true and correct copy of the original judgment rendered by this court and is certified to the Administrator of the Division of Motor Vehicles at Madison, Wisconsin, pursuant to s.344.05 Wisconsin Statutes. I certify that the judgment is \$500 or more and is for damages, excluding costs and disbursements, arising from a motor vehicle accident occurring on the date specified above. I certify that the judgment has become final by expiration of the statutory appeal period without an appeal having been perfected during such appeal period, or the judgment has been appealed with final affirmation on appeal. I certify that the judgment has not been satisfied of record during the statutory appeal period plus 30 days grace period and that this certification to the Administrator of the Division of Motor Vehicles for suspension of licenses under s.344.05 Wisconsin Statutes has been requested by the judgment creditor or the attorney of record.

Court Seal In Testimony, I give my signature and affix the seal of the Court.

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(Clerk of Court)

(Date)