

ISLAND COUNTY DISTRICT COURT
STATE OF WASHINGTON

1) _____,

2) _____,

Plaintiff(s),

Vs.

1) _____,

2) _____,

Defendant(s).

No: _____

**SATISFACTION OF SMALL CLAIMS
JUDGMENT**

THIS is to certify that the judgment entered herein has been paid and is satisfied.

Signature

Date

Please Print your Full Name

The Judgment in the above referenced case has **not** been paid or satisfied. Please enter the Judgment in the civil docket so that I may pursue other means of collections. I have enclosed a stamped self-address envelope for you to return the civil number to me.

Signature

Date

Please Print your Full Name

- I have enclosed \$20.00 for a transcript of judgment form **and a self-addressed envelope**. This is necessary only if you wish to transfer this matter to the Superior Court of Island County.
- I am only requesting a civil number in order to pursue other means of collection. **Please enclose a self-addressed stamped envelope.**