

SATISFACTION OF JUDGMENT

RELEASE OF GARNISHEE(S)

IN THE DISTRICT COURT OF THE THIRD CIRCUIT

DIVISION
STATE OF HAWAI‘I

Plaintiff(s)

Reserved for Court Use

Civil No.

Defendant(s)

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Name of Garnishee(s) to be released:

Date Garnishee Summons Order Granted:
(If none, date of Garnishee Summons)

SATISFACTION OF JUDGMENT

RELEASE OF GARNISHEE

The undersigned acknowledges full satisfaction and payment of the **JUDGMENT** in the above-entitled case.

Release of Garnishee(s) as stated above.

CERTIFICATE OF SERVICE

I certify that a copy of this Satisfaction was served at the last known address(es) of Judgment Debtor(s) or Judgment Debtor(s)' attorney/
 Garnishee(s) on _____ by Hand delivery or Mail, Postage Prepaid at the following address(es):

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Date:

Print/Type Name:



In accordance with the **Americans with Disabilities Act**, and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. (808) 961-7424, FAX (808) 961-7411, or TTY (808) 961-7422 **at least (10) working days before** your preceeding, hearing, or appointment date.
For all Civil related matters, please call or visit the District Court at: Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu Street, Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila Street, Kealahou, Ph. (808) 322-8700.

SATISRLS

I certify that this is a full, true and correct copy of the original on file in this office.

Clerk, District Court of the Above Circuit, State of Hawai‘i