

SATISFACTION OF JUDGMENT

RELEASE OF GARNISHEE(S)

**IN THE DISTRICT COURT OF THE FIFTH CIRCUIT
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)

SATISFACTORY 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 Release was served at the last known address(es) of Garnishee(s) or Garnishee(s)' attorney listed below 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** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, OR TTY 482-2533 at least (10) working days in advance of your hearing or appointment date.

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