**SATISFACTION OF JUDGMENT;**
☐ **RELEASE OF GARNISHEE(S)**

Form #2DC48

**IN THE DISTRICT COURT OF THE SECOND CIRCUIT**
**_____ DIVISION**
**STATE OF HAWAI'I**

Plaintiff(s)

Defendant(s)

Reserved for Court Use

Civil No.

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):

Date:

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

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. 244-2800, FAX 244-2849, or TTY 244-2889 at least ten (10) working days in advance of your hearing or appointment date. For all Civil related matters, please call 244-2706 or visit the Service Center at 2145 Main Street, Room 141, Wailuku, HI 96793



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

Clear form