

- SATISFACTION OF JUDGMENT AND/OR
 RELEASE OF GARNISHEE(S)

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT LIHUE DIVISION STATE OF HAWAI'I	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number
Name of Garnishee to be released:	Date Garnishee Summons Order Granted: (If none, date of Garnishee Summons)

- SATISFACTION OF JUDGMENT AND/OR
 RELEASE OF GARNISHEE

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

Release of Garnishee as stated above.

CERTIFICATE OF SERVICE

I certify that I served the Opposing party or attorney and/or Garnishee on (date) _____ by Hand-delivery or Mail, at the following address:

Date:	Signature of Filing Party/Filing Party Attorney:
	Print/Type Name:



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the District Court Administration Office at PHONE NO. 482-2347, FAX 482-2509, or TTY 482-2533 at least ten (10) working days before your proceeding, hearing, or appointment date. **For all Civil related matters, please call 482-2303 DC Civil Division or visit the Self Help Center at 3970 Kā'ana Street, Lihue, Hawai'i 96766.**

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