

SATISFACTION OF JUDGMENT AND/OR

RELEASE OF GARNISHEE(S)

Form#2DC48

IN THE DISTRICT COURT OF THE SECOND CIRCUIT
_____ DIVISION
STATE OF HAWAII

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:

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:

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 244-2855, FAX (808) 244-2932; or
- Send an e-mail to: adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

If you need help with this document, please contact **PHONE NO. (808) 244-2706** or **VISIT** the Service Center at 2145 Main Street, Room 141, Wailuku.