

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

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ 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
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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 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days before your proceeding, hearing, or appointment date. **For Civil related matters, please call 538-5629 or visit the District Court Service Center at 1111 Alakea Street, Third (3rd) Floor.**

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