CERTIFICATE OF JUDGMENT

MV3158 7/2004 s.344.05 Wis. Stats.

Wisconsin Department of Transportation
Traffic Accident Section
PO Box 7919
Madison, WI 53707-7919
Telephone: 608-266-1249
Facsimile (FAX): 608-267-0606
Teletypewriter for the Deaf (TTY) 608-266-0824

Clear Form

State of Wisconsin Court	County

PLAINTIFF Name and Mailing Address	vs.	DEFENDANT(S) Name(s) and Mailing Address(es)

Court Clerk Name
City/Town/Village
Accident Date

Defendant Street Address
City, State, ZIP Code
Driver License Number
Defendant Birth Date

Second Defendant Street Address
City, State, ZIP Code
Driver License Number
Defendant Birth Date

I, the undersigned Clerk of Court, certify that the attached copy of a judgment is a true and correct copy of the original judgment rendered by this court and is certified to the Administrator of the Division of Motor Vehicles at Madison, Wisconsin, pursuant to s.344.05 Wisconsin Statutes. I certify that the judgment is $500 or more and is for damages, excluding costs and disbursements, arising from a motor vehicle accident occurring on the date specified above. I certify that the judgment has become final by expiration of the statutory appeal period without an appeal having been perfected during such appeal period, or the judgment has been appealed with final affirmation on appeal. I certify that the judgment has not been satisfied of record during the statutory appeal period plus 30 days grace period and that this certification to the Administrator of the Division of Motor Vehicles for suspension of licenses under s.344.05 Wisconsin Statutes has been requested by the judgment creditor or the attorney of record.

Court Seal

In Testimony, I give my signature and affix the seal of the Court.

X _____

(Clerk of Court) (Date)