Approved, SCAO

Original - Court
1st copy - Plaintiff
2nd copy - Defendant

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	CERTIFICATE OF SATISFIED JUDGMENT	CASE NO.

Court address **Court telephone no.**

Plaintiff name(s), address(es), and telephone no(s).	v	Defendant name(s), address(es), and telephone no(s).
Plaintiff attorney, bar no., address, and telephone no.		

A judgment was entered by this court on _____ .
Date

☐ **Satisfaction by Party**

The judgment has been satisfied in full as to ☐ all defendants ☐ defendant _____ .
Name

_____ _____
Date Plaintiff/Attorney signature

☐ **Satisfaction by Clerk of the Court**

The judgment has been paid in full to the court on _____ .
Date

_____ _____
Date Court clerk/Deputy court clerk

☐ **Satisfaction by Judge**

After hearing, it has been determined that the judgment has been satisfied in full.

_____ _____
Date Judge

CERTIFICATE OF MAILING

I certify that on this date copies of this satisfaction were served upon the parties and their attorneys by ordinary mail at the address shown above.

_____ _____
Date Signature