Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

SMALL CLAIMS DEPARTMENT

|  |  |
| --- | --- |
|   , Plaintiff(s), vs.  , Defendant(s). | Case No. SATISFACTION OF JUDGMENT(PLAINTIFF) |

I, , am the Plaintiff in this case, or the Plaintiff is a business organization and I am an owner or an employee of the Plaintiff. A judgment was entered against the Defendant(s) in this case on (date).

I acknowledge that the judgment has been satisfied in full.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed name Signature