Print Form Clear Form

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

_____

Telephone Number _____

Superior Court of New Jersey
Law Division _____ County
_____ Part

_____ Plaintiff,

v.

_____ Defendant,

Docket Number _____

Civil Action

Warrant to Satisfy Judgment

☐ Judgment No. J _____
☐ Docketed Judgment No. DJ _____
☐ No Judgment Number **(DC or SC Dockets only)**

WHEREAS, a judgment was entered in the above-entitled action on _____, 20____, in favor of _____, and against _____, in the amount of $_____ plus interest and costs and said judgment with interest and costs thereon having been fully paid, under Judgment number _____.

THEREFORE, full and complete satisfaction of said judgment is hereby acknowledged, and the Clerk of the Court is hereby authorized and directed to make entry of the full and complete satisfaction on the docket of said judgment satisfaction of judgment.

Date:_____

_____
Signature - Judgment Creditor or Attorney for Judgment Creditor

_____
Print or Type Name

I **CERTIFY** that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date:_____

_____
Signature - Judgment Creditor or Attorney for Judgment Creditor

Filing Fee information: **Payable by check or money order to "*Treasurer, State of New Jersey*"**	
The filing fee for a Judgment or Docketed Judgment is $50.00 File with: The Office of the Clerk of The Superior Court P.O. Box 971 Trenton, NJ 08625	**The filing fee for <u>No</u> Judgment Number is $35.00** Special Civil Part (DC) or Small Claims (SC) Dockets Only File with The Office of the Clerk of the Special Civil Part in the County of Venue