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| **PLAINTIFF** | **VS** | **DEFENDANT** |  |  |  |  |  |  |
| **DEFENDANT ADDRESS** *(street)* | **CITY** | **STATE** | **ZIP** |  |  |  |  |  |  |
| **OPERATOR LICENSE #** | **STATE** | **DATE OF BIRTH** |  |  |  |  |  |  |  |  |  |  |
| **CASE #** | **DATE OF ACCIDENT** | **DATE OF JUDGMENT** |  |  |  |  |  |  |  |  |  |  |
| Check the appropriate box. |  |  |  |  |  |  |  |  |  |  |
| [ ]  | **JUDGMENT UNSATISFIED**: I hereby certify that the information listed above is evidence that a judgment has been entered into this court in the above-styled case, that no appeal has been taken from said judgment, and that sixty days have elapsed since the judgment was rendered. |
| [ ]  | This judgment is for personal injury/death caused by the debtor’s operation of a motor vehicle in which the debtor was intoxicated from using alcohol, a drug, or other substance. |
| [ ]  | **PAYMENT-BY-INSTALLMENTS ORDER**: I hereby certify that pursuant to KRS 187.440 an order authorizing payment by installments has been entered in this court in the above-styled case. |
| [ ]  | **DEFAULT ON INSTALLMENT ORDER**: I hereby certify that evidence is on file in this court that the debtor in the above-styled case is in default on the payment-by-installment order. |
| [ ]  | **JUDGMENT FULLY SATISFIED**: I hereby certify that there is on file in this court evidence that the judgment rendered in the above-styled case has been fully satisfied and that all court costs have been paid. |
| [ ]  | **JUDGMENT SATISFIED THROUGH BANKRUPTCY**: I hereby certify that there is evidence on file in this court that the judgment rendered in the above-styled case was discharged through bankruptcy. |
| [ ]  | **JUDGMENT SET ASIDE OR ISSUED IN ERROR**: I hereby certify that there is evidence on file in this court that the judgment has been set aside and/or was issued in error. |
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| **CERTIFICATION DATE** | **CERTIFYING CLERK** |  |  |  |  |  |  |  |  |  |  |
| **NAME OF COURT** | **CITY** | **COUNTY** | **STATE** |
| **ATTORNEY** | **PHONE** |  |  |  |  |  |  |  |  |  |  |
| **ADDRESS** (*street*) | **CITY** | **STATE** | **ZIP** |  |  |  |  |
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