

**IN THE DISTRICT COURT OF PULASKI COUNTY, ARKANSAS
3001 WEST ROOSEVELT ROAD
LITTLE ROCK, AR 72204
PHONE (501) 340-6830 FAX (501) 340-6899**

“SATISFACTION OF JUDGMENT”

CASE NO. _____

DATE _____

I, _____, DO HEREBY CERTIFY
THAT I HAVE RECEIVED FULL PAYMENT FROM THE **DEFENDANT(S)** IN THE
AMOUNT OF THE JUDGMENT ENTERED ON THE ABOVE CASE.

APPROVED BY:

PLAINTIFF: _____

DEFENDANT: _____

IMPORTANT!!!!!!

IMPORTANT!!!!!!

IMPORTANT!!!!!!

(Plaintiff will need to fill in all blank lines, including DEFENDANT(S) name.)