

- SATISFACTION OF JUDGMENT AND/OR  
 RELEASE OF GARNISHEE(S)

<b>IN THE DISTRICT COURT OF THE THIRD CIRCUIT</b> _____ <b>DIVISION</b> <b>STATE OF HAWAI'I</b>	
Plaintiff	Reserved for Court Use
	Civil No.
Defendant	Filing Party/Attorney Name, Attorney Number, Firm Name (if applicable), Address, and Telephone Number
Name of Garnishee to be released:	Date Garnishee Summons Order Granted: (If none, date of Garnishee Summons)

- SATISFACTION OF JUDGMENT AND/OR  
 RELEASE OF GARNISHEE

The undersigned acknowledges full satisfaction and payment of the **JUDGMENT** in the above-entitled case.

Release of Garnishee as stated above.

**CERTIFICATE OF SERVICE**

I certify that I served the  Opposing party or attorney and/or  Garnishee on (date) \_\_\_\_\_ by  Hand-delivery or  Mail, at the following address:

Date:	Signature of Filing Party/Filing Party Attorney:
	Print/Type Name:



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require an accommodation for a disability when working with a court program, service, or activity, please contact the Disability Accommodations Coordinator at PHONE NO. (808) 961-7629, FAX (808) 961-7577, or email [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days before your proceeding, hearing, or appointment date. **For all Civil related matters, please call or visit the District Court Civil Section at Hilo Division, 777 Kilauea Avenue, Hilo, Ph. (808) 961-7515 • Kohala Division, 67-5187 Kamamalu St., Kamuela, Ph. (808) 443-2030 • Kona Division, 79-1020 Haukapila St., Kealahou, Ph. (808) 322-8700.**

I certify that this is a full, true, and correct copy of the original on file in this office.

\_\_\_\_\_  
 Clerk, District Court of the above Circuit, State of Hawai'i