

SATISFACTION OF JUDGMENT AND/OR

RELEASE OF GARNISHEE(S)

Form#1DC48

IN THE DISTRICT COURT OF THE FIRST CIRCUIT
_____ **DIVISION**
STATE OF HAWAII

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:

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:

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

- Call (808) 538-5121; or
- Send an e-mail to adarequest@courts.hawaii.gov

The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

If you need help with this document, please contact the District Court Service Center at **PHONE NO. (808) 538-5629** •

VISIT at 1111 Alakea Street, Third Floor.