DL-201 (4-08)

## **CERTIFICATION OF**

COURT INFORMATION
COURT
COUNTY
NUMBER
YEAR

ureau of Driver Licensing			<b>-</b>	COURT				
P.O. Box 60037 Harrisburg, PA 17106-0037	LE JUDGMENT							
TO THE SECRETARY OF TRANSPORTATION					NUMBER			
				YEAR				
This is to certify that on		a judgment						
for \$ p	or \$ plus \$ was entered against the following:							
(/w/orti)	(Please use	a separate	e form for each)					
			DEBTOR					
	(Plea	ase Print c	or Type)					
NAME FIRST	MIDDLE	LAST			SEX	MONTH DAY	IRTH YEAR	
ADDRESS: P.O. Box number may be u	used in addition to the actual ad	dress, but ca	nnot be used as the onl	y address.				
CITY		STATE	ZIP CODE	SUCIAI	SECIII	RITY NUMBER		
		SIAIL	ZIP CODE	- Journ	32001	-		
DRIVER NUMBER		STATE	DATE OF	ACCIDENT	CCIDENT CLAIM NUMBER			
Check this block if defend	dant is a resident of and	ther state	<u> </u>					
Officer (ills block if defend		otilei state	;					
		REPRESENTATIVE FOR THE JUDGMENT CREDITOR (If applicable)						
JUDGMENT								
(NAI	(NAME)							
(STREET A		(STREET ADDRESS)						
(CITY & STATE)	(ZIP)		(CITY & STAT	E)		(ZIP)		
(TELEPHON	(TELEPHONE NUMBER)							
THE ABOVE MENTIONED JU	DGMENT AROSE FROM A	MOTOR VE	HICLE ACCIDENT. S	SIXTY DAYS HA	VE ELA	APSED SINCE	THE	

ENTRY OF SAID JUDGMENT, AND THE SAME HAS NOT BEEN SATISFIED OF RECORD AND NO APPEAL HAS BEEN TAKEN THEREFROM.

IN WITNESS WHEREOF, I have hereunto aff	ixed my hand and seal			
of the court this Day of	19	(SIGNATURE OF CLERK OR PROTHONOTARY OF THE COUNTY COURT)		
SEAL		(TYPE OR PRINT NAME)		

RETURN COMPLETED Bureau of Driver Licensing, P.O. Box 60037,

FORM TO:

Harrisburg, Pennsylvania 17106-0037