

Bureau of Driver Licensing
Room 302, Transportation & Safety Bldg.
Harrisburg, PA 17120

**CERTIFICATION OF
MOTOR VEHICLE
JUDGMENT**

DATE _____
COUNTY _____ COUNTY NO. _____
NO. _____ TERM _____ 19 _____

(PLEASE TYPE)

TO THE SECRETARY OF TRANSPORTATION

This is to certify that on _____ a judgment for \$ _____ plus \$ _____
(Amount) (Cost)

was entered against the following:

JUDGMENT DEBTOR

Name _____

Address _____

City _____

Date of Birth _____

Operator Number _____

Date of Accident _____

Insurance Co. Claim Number _____
(If applicable)

JUDGMENT CREDITOR

**ATTORNEY FOR THE JUDGMENT
CREDITOR (If applicable)**

(NAME)

(NAME)

(STREET ADDRESS)

(STREET ADDRESS)

(CITY & STATE)

(ZIP)

(CITY & STATE)

(ZIP)

(TELEPHONE NO.)

(TELEPHONE NO.)

THE ABOVE MENTIONED JUDGMENT AROSE FROM A MOTOR VEHICLE ACCIDENT. SIXTY DAYS HAVE ELAPSED 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 affixed my hand and seal of the court this

Day of _____ 19 _____

(SIGNATURE OF CLERK OR JUDGE OF THE
COURT IN WHICH THE JUDGMENT WAS RENDERED)

(Type or Print Name)

