STATE OF WISCONSIN, CIRCUIT COURT, ENTER COUNTY **COUNTY**

Judgment Creditor: YOUR NAME

-vs-

Judgment Debtor: THE PERSON YOU GOT JUDGMENT AGAINST

Satisfaction of Judgment

Case No. YOUR CASE NUMBER

I, the undersigned ☐ judgment creditor ☐ attorney of record for judgment creditor in the above-entitled action, acknowledge that a judgment was rendered against the judgment debtor, and payment has been received as indicated below.

Name of Judgment Debtor	Date Docketed/Filed	Amount of Payment
THE PERSON YOU GOT JUDGMENT AGAINST	DATE YOU DOCKETED	HOW MUCH DID THEY PAY
Name of Judgment Creditor		**Amount of Judgment**
YOUR NAME		HOW MUCH IS THE JUDGMENT

☐ This judgment is:

Mark what applies to your case

- ☐ fully satisfied.
- ☐ partially satisfied as to:

_____

_____

☐ Other: _____

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

▶ _____
Signature

YOUR NAME
Name Printed or Typed

YOUR ADDRESS
Address

YOUR EMAIL & PHONE
Email Address Telephone Number

DATE OF SIGNING
Date State Bar No. (if any)

NOTE- YOU SIGN AND GIVE A COPY TO THE DEBTOR. THE DEBTOR IS THE ONE THAT FILES AND PAYS THE DOCKETING TO REMOVE THE JUDGMENT.