

COURT CERTIFICATION OF UNSATISFIED JUDGMENT

Michigan Department of State
Action Processing Unit – BDVR
Lansing, Michigan 48918-0001

In accordance with Section 511 of Public Act 300, 1949, as amended, State of Michigan, I hereby certify that the following is a true abstract record of the _____ Court of _____, in the case of:

Plaintiff(s): _____

Address: _____
Street & Number P.O. Box City, State, Zip

Plaintiff's Counsel: _____

Address: _____
Street & Number P.O. Box City, State, Zip

Phone Number: _____

Defendant(s): _____

Address: _____
Street & Number P.O. Box City, State, Zip

Defendant's Counsel: _____

Address: _____
Street & Number P.O. Box City, State, Zip

Defendant's License # _____ - _____ - _____ - _____ Issuing State _____

Defendant(s) Date of Birth: Month _____ Day _____ Year _____

Nature of Case: Motor Vehicle Accident

Date of Accident: _____ Amount of Judgment: _____

Date of Judgment: _____

Certification Date: _____ Docket Number: _____

Signature of Judge or Clerk _____ Title _____