

## Certified Abstract of Judgment for a Motor Vehicle Loss

Use this form to notify us of the status of a court judgment resulting from a collision or motor vehicle theft. Fields marked **Required** must be filled in. After the court completes their portion, fax to **360-570-4966** or mail to: **Driver Records, Department of Licensing, PO Box 9030, Olympia, WA 98507.**

**Incomplete forms will not be processed.**

**Plaintiff** (individual bringing legal action) – Fill out this section and sign. Take to the court to complete.

|  |                                |                                      |
|--|--------------------------------|--------------------------------------|
| <b>Required:</b> Plaintiff last name   | <b>Required:</b> First name    | <b>Required:</b> Middle              |
| <b>Required:</b> Address, City, State, ZIP code  |                                | Plaintiff driver license number      |
| <b>Attorney/Insurance company – Enter attorney or insurance company information, if plaintiff has one.</b>           |                                |                                      |
| Individual or company represented  |                                |                                      |
| Attorney/Insurance company name  |                                | (Area code) Telephone number         |
| Address, City, State, ZIP code   |                                |                                      |
| <b>vs. Defendant 1</b>   |                                |                                      |
| <b>Required:</b> Full name of individual required to respond to legal action (Last, First, Middle)                   | Driver license number          | <b>Required:</b> Date of birth       |
| Address, City, State, ZIP code   |                                |                                      |
| <b>vs. Defendant 2</b>   |                                |                                      |
| <b>Required:</b> Full name of individual required to respond to legal action (Last, First, Middle)                   | Driver license number          | <b>Required:</b> Date of birth       |
| Address, City, State, ZIP code   |                                |                                      |
| <b>Incident</b>  |                                |                                      |
| <b>Required:</b> Incident type<br><input type="checkbox"/> Collision <input type="checkbox"/> Theft of motor vehicle | <b>Required:</b> Incident date | <b>Required:</b> Date filed in court |

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X**

\_\_\_\_\_  
Date and place signed

\_\_\_\_\_  
Plaintiff signature

### Court information

|  |                           |  |                                  |
|--|---------------------------|--|----------------------------------|
| Court cause number (required)  | Date judgment entered     | Extension date (attach extension docs) | Judgment amount (required)<br>\$ |
| Check one (required)<br><input type="checkbox"/> <b>Judgment unsatisfied.</b> The information above is evidence that a judgment has been entered in this court, no appeal has been awarded, and 30 days have elapsed since the judgment was rendered. The judgment is from a cause of action arising out of the ownership, maintenance or use of a vehicle subject to registration under the laws of this state.<br><input type="checkbox"/> <b>Judgment by default.</b> This judgment is from a cause of action arising out of the ownership, maintenance or use of a vehicle subject to registration under the laws of this state, and 30 days have elapsed since judgment was rendered.<br>How served: <input type="checkbox"/> Personal service, date served _____ <input type="checkbox"/> Certified mail <input type="checkbox"/> Other _____<br><input type="checkbox"/> <b>Payment by installment order.</b> An order authorizing payment by installments has been entered in this court.<br><input type="checkbox"/> <b>Default on installment order.</b> There is evidence on file in this court that the debtor is in default of this order.<br><input type="checkbox"/> <b>Judgment fully satisfied.</b> There is evidence on file in this court that the judgment rendered has been fully satisfied.<br><input type="checkbox"/> <b>Judgment discharged through bankruptcy.</b> There is evidence on file in this court that this case has been discharged by bankruptcy.<br><input type="checkbox"/> <b>Vacate judgment.</b> |                           |  |                                  |
| Date of certification (required)   | Court and city (required) |  | Court stamp area                 |
| Court clerk name   | Judge name                |  |                                  |