

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court address: _____	
Plaintiff(s): v. Defendant(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____
SATISFACTION OF JUDGMENT	

For and in consideration of the sum of \$ _____ (amount paid), I authorize the Clerk of the above Court to make a record of Full Partial satisfaction of this judgment.

Date of original or amended judgment: _____

Amount of original or amended judgment: \$ _____

Name(s) of judgment creditor(s): _____

Name(s) of judgment debtor(s): _____

Signature of Judgment Creditor*

Signature of Attorney for Judgment Creditor

Subscribed and affirmed, or sworn to before me in the County of _____,
State of _____, this _____ day of _____, 20____.

Clerk of Court/Notary Public
My commission expires: _____

*Note: Attestation by clerk of court or notary required only if Judgment Creditor is signing. This form must be filed with the court.

