

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: Civil

Plaintiff

vs.

Defendant

**Motion and Affidavit Requesting
Satisfaction of Judgment
(Minn. Stat. §548.15, Subd.1 (4))**

NOTICE OF MOTION AND MOTION

TO: _____ **Take Notice** that on _____ at _____ m. at
(Date) (Time)
the _____,
(Address) (City)
Minnesota, before the Honorable _____,

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Affidavit signed)

AFFIDAVIT

I, _____, being sworn/affirmed on oath state:

- I am the Plaintiff/Defendant in this action.
- That on _____ a judgment in the amount of \$ _____ was entered against me and in favor of _____. The judgment was docketed on _____.
- On _____ I paid the judgment in full. (Proof of payment must be attached, i.e. cancelled check, etc.)
- I am unable to locate the creditor to obtain Satisfaction of Judgment. (Proof of payment must be attached, i.e. cancelled check, etc.)
 I did the following to try and locate the creditor _____

 Creditor refuses to complete a Satisfaction Form for filing.

Based on the above information, I request the Court to direct the Court Administrator to enter a satisfaction of judgment.

Dated: _____

Signature (Sign only in front of notary public or court administrator.)

Sworn/affirmed before me this
_____ day of _____.

Name: _____

Address: _____

City/State/Zip: _____

Notary Public/Deputy Court Administrator

Telephone: _____

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: Civil

Plaintiff

Affidavit of Service by Mail

vs.

Defendant

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Affidavit signed)

I, _____, being sworn, state that I am at least 18 years of age having been born on _____, and that on _____, _____, I served the following papers: _____

(list all papers mailed to the other party)

by placing in an envelope a true and correct copy of each document addressed to _____ at _____ in the City of _____, State of _____, Zip Code _____ and depositing the envelope, with sufficient postage, in the United States Mail at the Post Office located in the City of _____ in the State of _____.

Dated: _____

Signature of Person Who Mailed Documents

(Sign only in front of notary public or court administrator.)

Name: _____

Sworn/affirmed before me this _____ day of _____, _____.

Address: _____

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: _____