

DL-201 (5-02)
 Bureau of Driver Licensing
 P.O. Box 60037
 Harrisburg, PA 17106-0037

CERTIFICATION OF MOTOR VEHICLE JUDGMENT

COURT INFORMATION	
COURT	
COUNTY	
NUMBER	
YEAR	

TO THE SECRETARY OF TRANSPORTATION

This is to certify that on _____ a judgment
 for \$ _____ plus \$ _____ was entered against the following:
(AMOUNT) (COST)

(Please use a separate form for each)

JUDGMENT DEBTOR (Please Print or Type)

NAME			SEX	DATE OF BIRTH		
FIRST	MIDDLE	LAST		MONTH	DAY	YEAR
ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.						
CITY		STATE	ZIP CODE	SOCIAL SECURITY NUMBER		
DRIVER NUMBER		STATE	DATE OF ACCIDENT	CLAIM NUMBER		

Check this block if defendant is a resident of another state

JUDGMENT CREDITOR

REPRESENTATIVE FOR THE JUDGMENT CREDITOR *(If applicable)*

(NAME)

(STREET ADDRESS)

(CITY & STATE) (ZIP)

(TELEPHONE NUMBER)

(NAME)

(STREET ADDRESS)

(CITY & STATE) (ZIP)

(TELEPHONE NUMBER)

THE ABOVE MENTIONED JUDGMENT AROSE FROM A MOTOR VEHICLE ACCIDENT. SIXTY DAYS HAVE ELAPSED SINCE THE ENTRY OF SAID JUDGMENT, AND THE SAME HAS NOT BEEN SATISFIED OF RECORD AND NO APPEAL HAS BEEN TAKEN THEREFROM.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal
 of the court this Day of _____ 19_____

(SIGNATURE OF CLERK OR JUDGE OF THE
 COURT IN WHICH THE JUDGMENT WAS RENDERED)

SEAL

(TYPE OR PRINT NAME)

RETURN COMPLETED Bureau of Driver Licensing, P.O. Box 60037,
 FORM TO: Harrisburg, Pennsylvania 17106-0037