

**MOTION AND ORDER FOR JUDGMENT TO BE MARKED SATISFIED**

Commonwealth of Virginia VA. CODE §§ 8.01-506.2, 16.1-94.01

General District Court

Juvenile and Domestic Relations District Court

ADDRESS OF COURT

**NOTICE OF HEARING**

You are hereby notified that on ..... a hearing will be held by this Court to consider  
DATE AND TIME  
a motion to mark the herein-described judgment satisfied.

DATE

CLERK

**MOTION FOR JUDGMENT TO BE MARKED SATISFIED**

I, ..... the judgment debtor(s) request that the judgment rendered  
in favor of the judgment creditor for \$ .....  
in this court on ..... be marked satisfied.

JUDGMENT DATE

Notice of the filing of this motion was provided to the  judgment creditor, or his or her  
 assignee  personal representative,  agent or  attorney

on ..... at least 10 days prior to the filing of this motion.

DATE

The judgment debtor(s) also requests that the judgment creditor be ordered to pay \$ ....., costs  
and \$ ..... attorney fees to the judgment debtor.

COSTS

ATTORNEY FEES

DATE

JUDGMENT DEBTOR  HEIRS  PERSONAL REPRESENTATIVE  ATTORNEY

**CASE DISPOSITION**

- The clerk is ordered to mark satisfied the judgment entered in the case referenced at right.
- Judgment creditor is further ordered to file releases or satisfactions of judgment in any other court in which an Abstract of this judgment has been filed or docketed.
- Judgment debtor has not provided satisfactory proof of satisfaction of the judgment and the motion is dismissed.
- Judgment creditor is ordered to pay judgment debtor \$ ..... costs and \$ ..... attorney fees.

COSTS

ATTORNEY FEES

DATE

JUDGE

**CASE NO.**

JUDGMENT CREDITOR'S NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

**v.**

JUDGMENT DEBTOR'S NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY, STATE, ZIP

PERSON TO BE SERVED

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

JUDGMENT DEBTOR'S ATTORNEY'S NAME

STREET ADDRESS

CITY, STATE, ZIP

**RETURNS:** Each person was served according to law, as indicated below, unless not found.

NAME .....	
.....	
ADDRESS .....	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
.....	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> NOT FOUND	.....
SERVING OFFICER	
.....	for .....
DATE	

NAME .....	
.....	
ADDRESS .....	
.....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
.....	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> NOT FOUND	.....
SERVING OFFICER	
.....	for .....
DATE	

I certify that I mailed a copy of this document to the judgment creditor named therein at the address shown therein on	
.....	.....
DATE	<input type="checkbox"/> JUDGMENT DEBTOR <input type="checkbox"/> HEIRS <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> JUDGMENT DEBTOR'S ATTORNEY