Reset

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing [ ] Self or [ ] Lawyer for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

MOHAVE COUNTY JUSTICE COURT, ARIZONA

PRECINCT NAME/ADDRESS/PHONE/FAX/EMAIL/WEBSITE _____

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>

Case Number: _____

SATISFACTION OF JUDGMENT
(Eviction Action)

_____		_____
_____	vs.	_____
_____		_____
( ) _____		( ) _____
_____		_____
Plaintiff(s) Name / Address / Phone / Email		Defendant(s) Name / Address / Phone / Email

PLEASE TAKE NOTICE THAT:

The Judgment entered in this action has been satisfied.

_____ _____
Date Signature