

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

In consideration of my receipt of \$ \_\_\_\_\_ paid to me by \_\_\_\_\_ (Print name), on \_\_\_\_\_ (date),  partial  full satisfaction is acknowledged by me toward payment of the judgment amount entered on \_\_\_\_\_ (date) in the amount of \$ \_\_\_\_\_ in my favor in the above-captioned action.

I hereby authorize the Clerk of Court to enter of record  partial  full satisfaction of judgment in the above-captioned action.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION AND ACKNOWLEDGEMENT

**I swear/affirm under oath that I have read the foregoing Satisfaction of Judgment and that the statements set forth therein are true and correct to the best of my knowledge.**

\_\_\_\_\_  
 Printed name of Judgment Creditor/Attorney

\_\_\_\_\_  
 Signature of Judgment Creditor / Attorney

Petitioner(s)/Plaintiff(s)

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

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public/Deputy Clerk