

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		
TO THE SECRETARY OF TRANSPORTATION		YEAR		

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 box if defendant is a resident of another state

JUDGMENT CREDITOR	REPRESENTATIVE FOR THE JUDGMENT CREDITOR (if applicable)
(NAME)	(NAME)
(STREET ADDRESS)	(STREET ADDRESS)
(CITY & STATE)	(CITY & STATE)
(ZIP)	(ZIP)
(TELEPHONE NUMBER)	(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 _____ 20_____

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

SEAL

(TYPE OR PRINT NAME)

RETURN COMPLETED
FORM TO:

Bureau of Driver Licensing, P.O. Box 60037,
Harrisburg, Pennsylvania 17106-0037