

DL-201 (4-08)
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 |
| <small>ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> | | | | | | |
| 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 PROTHONOTARY
OF THE COUNTY COURT)

SEAL

(TYPE OR PRINT NAME)

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