

This form is to be used to satisfy SUPPORT payments ONLY. For other types of judgments, consult your private attorney, the District Attorney or the Trial Court Clerk.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THIS FORM, contact the Child Support Program
Telephone 1-503-378-5567.

SATISFACTION OF SUPPORT JUDGMENT

- (1)..... Vicki Jean English)
(Judgment Creditor (Payee)))
(2)..... Jeffrey Michael English)
(Judgment Debtor (Payor)))
(3)..... Klamath County)
(County Where Support Order is Filed)
(4)..... 90-2627CV)
(Support Case Number)

(5) I, Vicki Jean English, being first duly sworn, depose and say: I am the Judgment Creditor in the above action. I hereby authorize the Support Judgment indicated by the above number to be credited as follows (Enter EITHER the date through which support is satisfied OR exact dollar amount that is satisfied - DO NOT enter BOTH a date and amount) August 19, 1991.

I understand that by signing this document, I am authorizing the amount indicated to be entered in the support records as "no longer owing".

THIS IS AN IMPORTANT DOCUMENT - PLEASE READ CAREFULLY

I understand this Satisfaction of Judgment may be rejected and returned to me if:

- (a) any or all items 1 through 5 are not completed;
(b) this document has not been signed by the payee;
(c) this document has not been notarized;
(d) the amount of support authorized for credit is greater than arrears appearing on the support record (support cannot be credited in advance);
(e) the original document is not received by the support accounting agency;
(f) the amount authorized for credit is in part or whole assigned to the State of Oregon as a condition for receiving public assistance. (If you are now receiving public assistance or have received public assistance since August 1, 1975, your support may be assigned to the State of Oregon. Support assigned cannot be authorized for credit without approval of the Support Enforcement Division.)

- ☐ The above Satisfaction of Judgment has been rejected/partially rejected. - (SEE ITEM(S) MARKED ABOVE)
☐ The State of Oregon has a claim against the accrued arrearage on this support account in the amount of \$ _____. Your account has been credited in the amount of \$ _____.

STATE OF OREGON,)
County of Klamath)

Subscribed and sworn to before me this
22nd day of August, 1991

[Signature]
Notary Public for Oregon
My Commission Expires 5/2/94

Dated this Aug day of 22, 1991

[Signature]
(Signature of Judgment Creditor)

544-82-1440
(Social Security Number)

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Klamath County Title Co.
on this 11th day of Oct. A.D. 19 91
at 8:46 o'clock A.M. and duly recorded
in Vol. M91 of Co. Lien Page 21319
Evelyn Biehn
County Clerk

By [Signature]
Deputy.

RESERVED FOR STATE

TO: _____ County, Trial Court Clerk

The amount of \$ _____ has been credited on support records for this case.

Agent: _____ Date: _____

Return to: Pacific First
C/S 2266
Tacoma, WA 97401

Fee. \$5.00