

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, hours 10:00 a.m. to noon and 1:00 p.m. to 5:00 p.m.

SATISFACTION OF SUPPORT JUDGMENT

(1) DIANE NEILL ) (3) KLAMATH  
(Judgment Creditor (Payee)) ) (County Where Support Order is Filed)  
(2) PHILIP L. NEILL ) (4) 95-4020CV SPOUSAL/CHILD SUPPORT  
(Judgment Debtor (Payor)) ) (Support Case Number)

(5) I, DIANE NEILL, 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) April 1, 1999.

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)

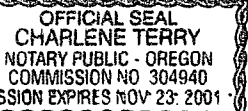
☐ The State of Oregon has a claim against the accrued arrearage on this support account in the amount of \$  
Your account has been credited in the amount of \$

STATE OF OREGON

County of Klamath

Subscribed and sworn to before me this 12 day of April, 1999

Charlene Terry  
Notary Public for Oregon  
My Commission expires:



Dated this 12 day of April, 1999

Diane L. Neill  
(Signature of Judgment Creditor)

021-34-3530  
(Social Security Number)

RESERVED FOR STATE AGENCY USE

TO: County, Trial Court Clerk

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

Return to:  
Klamath Co. Circuit Court

Agent: Date:

STATE OF OREGON COUNTY OF KLAMATH

Filed for record at request of Amerititle the 15th day of April A.D. 1999 at 3:23 o'clock P.M. and duly recorded in Vol M99 of County Lien Docket on Page 13800

FEF \$5.00

Linda Smith, County Clerk

by [Signature]