

	CASE NUMBER:
	<u> </u>
	<u> </u>
Plaintiff(s) Name / Address / Email / Phone	Defendant(s) Name / Address / Email / Phone
Attorney for Plaintiff(s) Name / Address / Email / Phone	Attorney for Defendant(s) Name / Address / Email / Phone
SMALL CLAIMS	S SATISFACTION OF JUDGMENT ARS 22-525A
PLEASE TAKE NOTICE THAT:	
I am the ☐Plaintiff ☐ Counterclaimant	
I am the Judgment Creditor in this action.I have received full payment.The Judgment has been satisfied.	
As signed below.	
Date:Signature	
C	
I CERTIFY that a copy of this document has been or will be	be mailed on to:
☐ Plaintiff at the above address ☐ Plaintiff's attorney	
Date: By	