



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

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

MOTION TO COMPEL SATISFACTION OF JUDGMENT

ARS 22-247

1. The party signing below certifies that the prevailing party on this *[judgment, counterclaim]* has not filed a Satisfaction of Judgment.

2. This judgment has been paid:

Proof of payment is attached.

Proof of the amount deposited with the court is attached.

3. Efforts to locate the prevailing party or to get the prevailing party to file a Satisfaction of Judgment have been unsuccessful because:

4. Additional information is provided in the attached affidavit.

Date: _____ Plaintiff Defendant

I CERTIFY that a copy of this motion and the attachments to it has or will be mailed to the prevailing party at the prevailing party's last known address:

Plaintiff Defendant Date: _____ By _____
Signature



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

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 _____

AFFIDAVIT IN SUPPORT OF MOTION TO COMPEL SATISFACTION OF JUDGMENT

I swear, affirm, and declare, to the best of my knowledge and belief, that the following information is true and correct:

I declare under penalty of perjury that the foregoing is true and correct.

Signed on the _____ day of _____, 20____.

Signature: _____