

**NOTICE OF SATISFIED JUDGMENT**

Insurance Commissioner  
311 West Washington Street Suite 103  
Indianapolis Indiana 46204-2787

We hereby request that your office satisfy the Bail Bond Judgment Notification which was previously submitted on the Bond listed below.

Said Judgment was satisfied by the following:

- 1. Set aside by Judge \_\_\_\_\_ Date \_\_\_\_\_
- 2. Payment by Surety \_\_\_\_\_ Date \_\_\_\_\_
- 3. Apprehension of Defendant \_\_\_\_\_ Date \_\_\_\_\_
- 4. Other Action \_\_\_\_\_ Date \_\_\_\_\_

Cause Number \_\_\_\_\_

Name of Defendant \_\_\_\_\_

Surety Company \_\_\_\_\_

Bail Agent \_\_\_\_\_

Power Number \_\_\_\_\_ Amount Paid \_\_\_\_\_

Above information prepared and certified by \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(County)

Seal of  
County Clerk