

Certificate of Facts Relative to Judgment

(Sec., 17-202, Maryland Transportation Article, Vehicle Laws)

Note: No action will be taken unless: (1) this judgment is a result of Motor Vehicle accident damages, (2) this form is completed in its entirety (including **full name** of the defendant(s), date of birth and/or driver's license number), (3) a certified copy of the judgment is attached, and (4) the judgment appeal period has expired.

This is to certify that on _____ judgment was entered, from which no appeal has been taken,
Date

in the _____ Court of _____

Against:

Full Name: _____ Date of Birth: _____
First Middle Last

Address: _____

Driver's License Number: _____

Reciprocity

States to Notify: _____

In Favor of:

Name of Plaintiff(s): _____

Address of Plaintiff(s): _____

Date of motor vehicle accident: _____ Court case number: _____

Signature: _____ Date: _____

Name of Plaintiff's Attorney: _____

Address of Plaintiff's Attorney: _____

Telephone Number of Plaintiff's Attorney: _____

Attorney Case #: _____

Mail to:

Insurance Compliance Division
Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062
with Certified Copy of Judgment Attached