



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

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**REPORT ON CIVIL JUDGMENT INVOLVING A MOTOR VEHICLE CRASH
 (MUST BE FILE-STAMPED BY COURT)**

PLAINTIFF		VS.	DEFENDANT	
DEFENDANT ADDRESS (STREET)		CITY	STATE	ZIP
DATE OF BIRTH				
CASE#	DATE OF ACCIDENT	DATE OF JUDGMENT	DRIVER'S LICENSE NUMBER	
<p>Check the appropriate box:</p> <p><input type="checkbox"/> INSTALLMENT AGREEMENT ORDERED: I hereby certify that on _____, _____, _____, the court entered an order authorizing payment by installment agreement. <small>Month Day Year</small></p> <p><input type="checkbox"/> DEFAULT OF INSTALLMENT AGREEMENT: I hereby certify that on _____, _____, _____, the court entered an order that the defendant is in default of, and vacated, the installment agreement. <small>Month Day Year</small></p> <p><input type="checkbox"/> JUDGMENT RELEASED: I hereby certify that on _____, _____, _____, having received full satisfaction of all sums of monies due from the judgment debtor, the judgment was released by the judgment creditor. <small>Month Day Year</small></p> <p><input type="checkbox"/> JUDGMENT VACATED: I hereby certify that on _____, _____, _____, the court entered an order vacating the judgment that was rendered on _____, _____, _____. <small>Month Day Year</small></p>				
NAME OF COURT		CITY	COUNTY	STATE
NAME OF ATTORNEY		ADDRESS (STREET)		
PHONE	CITY	STATE	ZIP	
SIGNATURE OF ATTORNEY SUBMITTING FORM				ARDC#