

**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