SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6002 **WEBSITE:** www.concord-sots.ct.gov

JUDGMENT LIEN CERTIFICATE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY *(CONFIRMATION WILL BE SENT TO THIS ADDRESS)*:

CUSTOMER ID:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

FILING FEE: $50

MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"

1. JUDGMENT DEBTORS FULL LEGAL NAME

1A. ORGANIZATION'S NAME

OR

1B. INDIVIDUAL'S

LAST NAME	FIRST NAME	MIDDLE	SUFFIX

1C. MAILING ADDRESS:

ADDRESS:

CITY:

STATE: ZIP: COUNTRY:

2. ADDITIONAL JUDGMENT DEBTORS FULL LEGAL NAME

2A. ORGANIZATION'S NAME

OR

2B. INDIVIDUAL'S

LAST NAME	FIRST NAME	MIDDLE	SUFFIX

2C. MAILING ADDRESS:

ADDRESS:

CITY:

STATE: ZIP: COUNTRY:

FORM UJPERS-1-1.0
Rev. 7/2010

3. JUDGMENT CREDITORS FULL LEGAL NAME

	3A. ORGANIZATION'S NAME			
OR				
	3B. INDIVIDUAL'S			
	LAST NAME	FIRST NAME	MIDDLE	SUFFIX

3C. MAILING ADDRESS:

ADDRESS:

CITY:

STATE: ZIP: COUNTRY:

4. ADDITIONAL JUDGMENT CREDITORS FULL LEGAL NAME

	4A. ORGANIZATION'S NAME			
OR				
	4B. INDIVIDUAL'S			
	LAST NAME	FIRST NAME	MIDDLE	SUFFIX

4C. MAILING ADDRESS:

ADDRESS:

CITY:

STATE: ZIP: COUNTRY:

5. COURT IN WHICH JUDGMENT WAS RENDERED

6. DATE OF JUDGMENT

7. ORIGINAL JUDGMENT AMOUNT **8. AMOUNT DUE**

9. PERSONAL PROPERTY ON WHICH LIEN IS PLACED

10. JUDGMENT CREDITOR SIGNATURE: **11. DATE:**