

STATE OF NORTH CAROLINA

File No(s).

_____ County

Administrative Office of the Courts, Claimant Agency

VERSUS

Name Of Defendant/Taxpayer

Social Security No.

**CERTIFICATE OF JUDGMENT
SETOFF DEBT COLLECTION**

G.S. 105A-7

DOCKET REFERENCE		AMOUNT OWING ON JUDGMENT		
File Number	Principal Amount As Docketed	Payments To Date	Interest Accrued To Date	Judgment Total

TO WHOM IT MAY CONCERN:

I, the undersigned, certify that I am the Clerk of Superior Court of the county named above, or an assistant or deputy clerk. By virtue of my office I have legal custody of the official records of the General Court of Justice of North Carolina for this county. The attached copies of the judgment(s) listed above, and of the defendant's affidavit(s) of indigency if any, are true and correct copies of the original(s) on file in this office. The "Judgment Total" shown above for each listed judgment is the total amount, less payments received and including interest accrued to date, which is owing on that judgment as of this date.

Date

Signature

Deputy CSC Assistant CSC Clerk Of Superior Court

NOTE TO CLERK - COUNTY OF JUDGMENT: *Upon receipt of Request for Certificate Of Judgment, complete this form, attach a copy of defendant's affidavit(s) if available and FAX to Setoff Debt Office at 919-890-1959. If Clerk is waiving interest or remitting any judgment listed, please note any necessary comments.*

NOTE TO CLERK - COUNTY OF HEARING: *Upon receipt of completed certificate from county of judgment, place certificate in current year's Miscellaneous file for contested tax setoff claims. Make available to hearing officer at hearing.*