STATE OF VERMONT

SUPERIOR COURT   **CIVIL DIVISION**

Unit   **Case No. _____**

To any Sheriff or Constable within the State

Plaintiff Name, Address & Phone Number	*Defendant Name, Address & Phone Number*
VS.	

WRIT OF EXECUTION

1. On *(date)* _____, the Plaintiff recovered judgment in the county and court named above against Defendant in this action in the amount of:

Damages:	$ _____
Interest:	$ _____
Costs:	$ _____
Attorney Fees	$ _____
Total Judgment:	$ _____

2. Since judgment, costs and interest have accrued as follows:

Sheriff Fees:	$ _____
Filing Fees:	$ _____
Interest:	$ _____

3. If partial payment has been made:
   a. On *(date)* _____, the Defendant partially satisfied this judgment by paying

Partial Payment:	$ _____

   b. Therefore, the balance due Plaintiff as of the date this writ was issued is

Balance Still Due Plaintiff:	$ _____

4. You are directed to take Defendant's non-exempt personal and real property and sell it to satisfy the judgment amount above. Add to the judgment $_____ interest per day from the date this writ, as well as your fees to carry out this writ. You must return this writ within 60 days.

The lawyers, if any, for the parties in this case are as follows:
(12 V.S.A. § 2682)
Lawyer for Plaintiff:_____

Lawyer for Defendant:_____

Date

_____   _____
                                                    Clerk Signature

RETURN OF SERVICE
STATE OF VERMONT

SUPERIOR COURT
Unit

CIVIL DIVISION
Case No. _____

Plaintiff Name		*Defendant Name*
	Vs.	

At	Street	Town/City	County	Date

I visited the above-named Defendant on _____ and demanded payment of the judgment;

Miles _____ **X** $0._____ per mile:	$ _____
Service Fee:	$ _____
Postage:	$ _____
Assisting Officer:	$ _____
Other:	$ _____
Total Fees:	**$ _____**
Balance from #3b above	$ _____
Interest since writ issued	$ _____
Total Due	**$ _____**

The above-named Defendant ☐ failed to satisfy ☐ satisfied
said execution ☐ in full by paying ☐ in part by paying $ _____

Outstanding Balance **$ _____**

Comments:

_____

_____

_____

_____

Date	Officer's Name, Title and Agency	Officer's Signature