Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本,仅供参考. 为了提供便利,表格采用双语格式,但 向法 院提交的表格必须用英语填写。 巡回法院 MARYLAND州 DICIARY City/County 市/县 Telephone _____ 地址 _____ 电话 Court Address 法院地址 Case No. 案件号 VS. 诉 Plaintiff Defendant 原告 Street Address Street Address 街道地址 街道地址 City, State, Zip 市、州、邮政编码 Telephone City, State, Zip Telephone 市、州、邮政编码 REQUEST FOR ORDER OF DEFAULT 申请缺席 (Md. Rule 2-613) (马里兰规则 2-613) _____, request an Order of Default Name for failing to file a response to against Opposing party Name of the petition, complaint or motion you originally filed 对方当事人 最初提交的申请、投诉或动议的名称 1. The last known address of the opposing party is: 对方当事人最后的已知地址是: 2. . The affidavit of service was filed on The opposing party was served on _____ Date 送达对方当事人的日期为宣誓书送达日期为

3. The opposing party (*select one*): 对方当事人 (选择一位):

日期

	allied with the United States; has not be Selective Service Act; and is not a men Armed Forces who has been ordered t 未在美国服兵役;未在与美国结盟	的任何国家服兵役;未接到根据《军人选择服役法》报的预备役成员而且没有接到服现役的命令。
	other_	
	其他	
4.	(Select one):	
	(选择一项): ☐ The following facts support the above non-military status of the opposing party: 以下事实证明对方当事人符合上述非军人身份:	
	Attached is confirmation from https://smilitary.	cra.dmdc.osd.mil that the opposing party is not in the
	附上确认函 https://scra.dmdc.osg	l.mil,证明对方不是军人。
information,		tents of this document are true to the best of my knowledge, ,如有不实,愿按伪证罪论处。
	D. (
	Date 日期	Signature <mark>签</mark> 名
Street Address 街道地址		Printed Name 印刷体签名
	P-1 /- E-2 /- E-	► Leath 1 k4. 777 . 171
City, State, Zip 城市、州、邮政编码		E-mail 电子邮箱
	Telephone Number 电话号码	Fax 传真
	CM 241	N#