



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

Plaintiff vs. Defendant

Street Address

City, State, Zip Telephone

MOTION FOR STAY OF SERVICE OF EARNINGS WITHHOLDING ORDER (Family Law § 10-133)

NOTE: Use this form to ask the court to stop an earnings withholding order filed against you. File this form no later than fifteen (15) days after the withholding order was mailed to you.

I, _____, ask the court to stay or stop service of the requested Earnings Withholding Order for the following reasons (check all that apply):

- Checkboxes for reasons: An arrearage did not exist at the time the request was filed, The amount of arrearage alleged is wrong, I dispute the following payment(s):

Table with columns: Amount, Date. Rows for payment disputes.

- Checkboxes for reasons: I am not the person who owes this money in this case, The amount of the withholding exceeds the limit of the Federal Consumer Protection Act. My total wages are \$ per and my net wages are \$ per.

FOR THESE REASONS, I ask the court to (check all that apply):

- Checkboxes for court actions: Stay/stop the issuance of the Earnings Withholding Order, Schedule a hearing on the merits of this request, Order any other appropriate relief.

AFFIDAVIT

I solemnly affirm under penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Signature lines for Date, Printed Name, Street Address, City, State, Zip, Signature, Telephone Number, E-mail, Fax.

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Motion for Stay of Service of Earnings Withholding Order as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).