



CIRCUIT COURT FOR

马里兰州

, MARYLAND

, 巡回法院

City/County
城市/县

Located at
地址

Case No.
案件编号

Court Address
法院地址

Plaintiff
原告

vs.
诉

Defendant
被告

Address
地址

Address
地址

City, State, Zip
城市、州、邮政编码

Telephone
电话

City, State, Zip
城市、州、邮政编码

Telephone
电话

MOTION FOR STAY OF SERVICE OF EARNINGS WITHHOLDING ORDER

(Family Law § 10-133)

停止扣减收入命令动议

(家庭法第 10-133 条)

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

注意：使用此表格要求法院停止对您扣减收入的命令。在寄出对您扣减收入命令的 15 天内提交此表格。

I, _____, ask the court to stay or stop service of the requested Earnings
Name

Withholding Order for the following reasons (*check all that apply*):

本人，_____, 要求法院停止扣减收入命令，理由如下
姓名

(勾选所有适用项):

An arrearage did not exist at the time the request was filed.
请求提交时并不存在欠款情况。

The amount of arrearage alleged is wrong. The correct amount is \$ _____.
所指控的欠款金额错误。正确金额为\$_____美元。

I dispute the following payment(s):
我对下列付款提出争议:

Amount 金额	Date 日期
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

I am not the person who owes this money in this case.

我不是此案件中欠下此等款项之人。

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 _____.

扣减金额超出了《联邦消费者保护法案》规定的上限。我的工资总额为每
_____ \$_____ 美元，我的净工资为每_____ \$_____ 美元。

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

为此，我要求法院（勾选所有适用项）：

Stay/stop the issuance of the Earnings Withholding Order filed in the above-captioned case.

停止下达标题如上的案件中提交的扣减收入命令。

Schedule a hearing on the merits of this request.

根据此项请求安排听证会。

Order any other appropriate relief.

命令任何其他适当的补救方法。

AFFIDAVIT

宣誓

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

(本人郑重确认据本人所知所信，此文件内容真实。如有不实甘受伪证罪之罚。)

Date

日期

Signature

签名

Printed Name

正写姓名

Telephone Number

电话号码

Address

地址

Fax

传真

City, State, Zip

城市、州、邮政编码

E-mail

电子邮箱

CERTIFICATE OF SERVICE

送达证明

I certify that on this _____ day of _____, _____, a copy of the
Month Year
document(s) titled _____ was/were:

Title(s) of document(s)

我证明，于 _____ 年 _____ 月 _____ 日，文件副本的标题为

:

文件的标题

mailed, postage prepaid, to:

邮寄（预付邮资）至：

hand delivered to:

当面交付至：

Name

姓名

Address

地址

City, State, Zip

城市、州、邮政编码

Name

姓名

Address

地址

City, State, Zip

城市、州、邮政编码

Date

日期

Signature of Party Serving

送达方签名