



**DISTRICT COURT OF MARYLAND FOR**

Located at

Court Address

City/County

Case No.

Plaintiff/Judgment Creditor

vs.

Defendant/Judgment Debtor

Street Address

Street Address

City, State, Zip

City, State, Zip

**REQUEST FOR TRANSMITTAL OF JUDGMENT  
(Md. Rule 3-622)**

Please transmit a certified copy of the judgment in the above case to the clerk of the District Court for  
\_\_\_\_\_ for the purpose of recording.

City/ County

Date

Signature of Plaintiff/Attorney

Attorney Number

Fax

Printed Name

E-mail

Street Address

Telephone Number

City, State, Zip

**CERTIFICATE OF SERVICE**

I certify that the following party, parties, or attorney(s) were served with a copy of this Request for Transmittal of Judgment 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)

**TRANSMITTAL OF JUDGMENT**

A certified copy of judgment in the above case is herewith transmitted to \_\_\_\_\_  
City/ County  
for the purpose of recording.

Date

**RECEIPT OF JUDGMENT**

Clerk

A certified copy of judgment in the above case was received by \_\_\_\_\_  
City/ County

The case number assigned to this judgment is \_\_\_\_\_  
Case Number

Date

Clerk