| DISTRICT C | OURT OF MA | RYLAND FOR | | DRAFT02 SB0349, Ch. 497. |
|--|---|--|---|--|
| | OUNT OF MA | | City/County | Effective 10/01/2025 |
| Located at | | Court Address | Case No | |
| | | | | |
| Plaintiff/Judgment Creditor | | | Defendant/Judgment Debtor | |
| Address | | VS. | Address | |
| City, State, Zip | | | City, State, Zip | |
| , | RE | QUEST TO FILE N (Md. Rules 3-621 | OTICE OF LIEN | |
| A judgment in the | e above case was e | • | in the amount of \$ | |
| plus \Box attorney's fees or \Box statutory collection fees of \$ | | | | |
| This request is not filed | against a debtor's | primary residence when | e the court entered judgment for r | nedical debt. |
| □ Please file a Notice | of Lien in the Circ | uit Court for the county | in which judgment was entered. | |
| □ Please file a Notice | of Lien of the judg | gment with the Clerk of | the Circuit Court for | |
| | | and transmit a certifi | ed copy of judgment to the Distric | et Court of that county. |
| □ Please forward to Di (Md. Rule 3-622). | istrict Court of Ma | aryland for | to be re | corded in that county |
| \Box Please record the jud | dgment. | | | |
| This is not a medic | • | | | |
| Date | | | Signature of Plaintiff/Attorney/Attorney Code Attorney Number | |
| | Fax | | Printed Name | , |
| E- | -mail | | Address | |
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