



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND

Located at \_\_\_\_\_ City/County \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

Plaintiff \_\_\_\_\_ vs. Defendant \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_ 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 15 days after the withholding order was mailed to you.

I, \_\_\_\_\_, ask the court to stay or stop service of the requested  
Name

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

- An arrearage did not exist at the time the request was filed.
- The amount of arrearage alleged is wrong. The correct amount is \$ \_\_\_\_\_.
- I dispute the following payment(s):

Amount	Date
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

- 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*):

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

_____	_____
Date	Signature
_____	_____
Printed Name	Telephone Number
_____	_____
Address	Fax
_____	_____
City, State, Zip	E-mail

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_, a copy of the document(s) titled  
Date

\_\_\_\_\_ Title(s) of document(s)  
was/were  mailed, postage prepaid  hand delivered, to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party Serving