

Mark this box if this form contains Restricted Information.



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

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

Plaintiff/Judgment Creditor vs. Defendant/Judgment Debtor  
Address Address  
City, State, Zip Telephone City, State, Zip Telephone

Plaintiff/Judgment Creditor Attorney  
Address  
City, State, Zip Telephone

SERVE ON: \_\_\_\_\_  
Garnishee  
Address  
City, State, Zip  
 Serve by Sheriff/Constable  
 Serve by Restricted Delivery Mail  
 Serve by Private Process

**REQUEST FOR WRIT OF GARNISHMENT OF WAGES**

**(Md. Rule 2-646)**

**MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.**

PLEASE ISSUE A WRIT OF GARNISHMENT on the judgment in the above-referenced case to be directed to the garnishee/employer named above.  Judgment was by confession. A judgment was entered in this case on \_\_\_\_\_  
Month/Day, Year

THE AMOUNT DUE on the judgment is as follows:

- \$ \_\_\_\_\_ Original amount of judgment (including pre-judgment interest awarded, but excluding costs and attorney's fees)
- \$ \_\_\_\_\_ Less credits on original amount of judgment (including pre-judgment interest, but excluding costs and attorney's fees)
- \$ \_\_\_\_\_ Net judgment due
- \$ \_\_\_\_\_ Total post-judgment interest on \$ \_\_\_\_\_ at \_\_\_\_\_ % for a period of \_\_\_\_\_.
- \$ \_\_\_\_\_ Less credits on post-judgment interest
- \$ \_\_\_\_\_ Total post-judgment interest due
- \$ \_\_\_\_\_ Total court costs, including this writ
- \$ \_\_\_\_\_ Plus additional costs/fees awarded by the court
- \$ \_\_\_\_\_ Plus attorney's fees awarded by the court
- \$ \_\_\_\_\_ **TOTAL DUE ON JUDGMENT**

\_\_\_\_\_  
Date Signature of Judgment Creditor/Attorney Attorney Number  
\_\_\_\_\_  
Telephone Number Fax Printed Name  
\_\_\_\_\_  
E-mail Address  
\_\_\_\_\_  
City, State, Zip