



DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

Plaintiff/Judgment Creditor _____

Defendant/Judgment Debtor _____

Address _____

VS.

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 _____ City/County for the purpose of recording.

_____ Date

Signature of Plaintiff/Attorney/Attorney Code _____ Attorney Number

_____ Fax

_____ Printed Name

_____ E-mail

_____ Address

_____ Telephone Number

_____ City, State, Zip

CERTIFICATE OF SERVICE

I certify that I served a copy of this motion upon the following party or parties by mailing first class mail, postage prepaid hand delivery, on _____ Date to:

_____ Name

_____ Address

_____ Name

_____ Address

_____ Date

_____ Signature of Party Serving

TRANSMITTAL OF JUDGMENT

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

_____ Date

_____ Clerk

RECEIPT OF JUDGMENT

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