

Superior Court of the District of Columbia

CIVIL DIVISION

CA Form 110-B

Plaintiff vs. _____
Defendant

Civil Action No. _____

APPLICATION FOR TERMINATION OF STAY
AND
NOTICE TO DEFENDANT

Plaintiff Seeks to terminate the Stay of Execution on the Judgment entered against you in the above-entitled action and states:

1. On _____ judgment was entered against Defendant in the amount of \$ _____, with interest from _____

_____ and costs.

2. Execution on the judgment was stayed upon condition that Defendant pay \$ _____ per _____ and/or perform the following actions: _____

3. To date Defendant has made the following payments and/or performed the following actions: _____

4. On _____, Defendant failed to satisfy the conditions of this stay by failing to _____

For these reasons, the Clerk should terminate the stay, subject to immediate execution for the sum of \$ _____, Plus interest and cost and/or require the following: _____

(Signature)

(Address)

Telephone: _____

CERTIFICATE OR OATH*

I hereby certify/swear that the foregoing information is true and correct to the best of my knowledge and belief and that this application was mailed, by prepaid first-class mail, on _____ to the above-designated defendant at _____ and to the defendant's attorney at _____

Plaintiff or attorney for plaintiff _____ Address: _____

Subscribed and sworn to before me this _____ day of _____, 19____, in the city of _____

Notary Public _____ My Commission Expires: _____

*Certificate, if signed by attorney, need not be under oath.

NOTICE TO DEFENDANT

YOU ARE HEREBY NOTIFIED THAT IF YOU DO NOT FILE AN OPPOSITION TO THIS APPLICATION WITHIN THIRTEEN DAYS OF THE DATE SET FORTH IN THE ABOVE CERTIFICATE, THE CLERK MAY TERMINATE THE STAY OF EXECUTION ON THE JUDGMENT ENTERED AGAINST YOU AS SET FORTH IN THIS APPLICATION.

IF YOU WISH TO OPPOSE THIS APPLICATION, YOU OR YOUR ATTORNEY MUST FILE, WITHIN SUCH THIRTEEN DAY PERIOD, AN AFFIDAVIT OR OTHER STATEMENT SHOWING THAT YOU HAVE ACTUALLY COMPLIED WITH THE REQUIREMENTS OF THE STAY. IF YOU FILE SUCH AFFIDAVIT OR OTHER STATEMENT SHOWING THAT YOU HAVE ACTUALLY COPLIED WITH THE REQUIREMENTS OF THE STAY, THE MATTER WILL BE HEARD BY THE COURT, AND YOU WILL BE GIVEN NOTICE OF THE TIME AND PLACE OF HEARING.

IF YOU WISH TO TALK TO AN ATTORNEY AND FEEL THAT YOU CANNOT AFFORD TO PAY A FEE TO AN ATTORNEY, PROMPTLY CONTACT ONE OF THE OFFICES OF THE LEGAL AID SOCIETY (628-1161) OR THE NEIGHBORHOOD LEGAL SERVICES (682-2700) FOR HELP OR COME TO ROOM JM 170 AT 500 INDIANA AVENUE, N. W. FOR MORE INFORMATION CONCERNING PLACES WHERE YOU MAY ASK FOR HELP.