IN THE	COURT OF	(Name of County)
	STATE OF	(Name of State)
	<u> </u>	PLAINTIFF
(Name of Plaintiff)		
VS.		CAUSE NO
		DEFENDANT
(Name of Defenda	nt)	
Motion of Defenda	ant for Release of Prope	rty from Levy in Attachment Proceeding
above-captioned ca certain property sei	ause, who, by and through	Name of Defendant), Defendant, in the his attorney moves for an order releasing Attachment issued against Defendant on (date).
pursuant to the Wri	t is greatly in excess of the and costs, as more fully a	nat the value of the property seized e amount necessary to secure Plaintiff's ppears from the Affidavit of attached to this motion as Exhibit A.
	the Writ in excess of the a	ves the Court to release the property mount necessary to secure Plaintiff's
		Respectfully submitted,
		(Name of Defendant)
		By: (Printed Name of Attorney)
		(Signature of Attorney) Defendant's Attorney State Bar No.

Certificate of Service

This is to certify that I,	(Name of Attorney), attorney (Name of Defendant), have this date served a	
for Defendant	(Name of Defendant), have this date served a	
true and correct copy of the above and	I foregoing Motion by U.S. Mail, postage fully	
prepaid, to the following counsel of rec	ord for the Plaintiff:	
(Nan	me of Attorney)	
(Post Office Bo	ox No. or Street Address)	
(City,	State, Zip Code)	
This theday of	, 20	
	Respectfully Submitted,	
	Respectivity Submitted,	
	(Printed Name of Attorney)	
	(Signature of Attorney)	
	Defendant's Attorney	
	State Bar No	
OF COUNSEL:		
OF COUNSEL.		
(Name of Attorney)		
(Post Office Box or Street Address)		
(City, State, Zip Code)		
Telephone:		
Notice of Motion for Release of Pr	roperty from Levy in Attachment Proceeding	
You are notified that on	(date), at (time), or as	
soon thereafter as counsel can be hea	rd, in Courtroom of theCourt	
for County,	(date), at(time), or as rd, in Courtroom of theCourt (State), at the(County)	
Courthouse at	city, county, state, zip code), Defendant	
(Street address, (Mame of Def	city, county, state, zip code), Defendant fendant), by and through his attorney, will bring	
on for hearing his Motion for the reason	ons stated in the above Motion	

	Respectfully Submitted,
	(Printed Name of Attorney)
	(Signature of Attorney) Defendant's Attorney State Bar No.
OF COUNSEL:	
(Name of Attorney)	
(Post Office Box or Street Address)	
(City, State, Zip Code) Telephone:	