

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR

City/County

Located at

Court Address

Telephone

STATE OF MARYLAND

Case No.

OR

Trial Date

vs.

Plaintiff/Judgment Creditor

Defendant/Judgment Debtor

Address

Address

City, State, Zip

City, State, Zip

MOTION

MDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), 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.

I am the attorney for plaintiff defendant other (*specify*):

Request hearing on Motion

Date

Signature

Attorney Number

Printed Name

Address

Telephone

Fax

E-mail

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

ORDER

It is ORDERED:

the hearing on Motion be set for _____ Date at _____ Time AM PM at the following location:

the relief requested be GRANTED

the relief requested is DENIED

Comments:

Date

Judge

ID Number