

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