DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND
OR

Trial Date _____

_____ vs. _____
Plaintiff Defendant

_____ _____
Address Address

_____ _____
City, State, Zip City, State, Zip

REQUEST

It is requested that: _____

_____

_____

_____

_____ _____
Date Signature

_____
Printed Name

_____
Address

_____
Telephone

_____
Fax

_____
E-mail

ORDER PURSUANT TO A REQUEST

After consideration, the Request made by _____

on _____ is:

☐ Granted

☐ Denied

Comments:

_____

_____

_____ _____
Date Judge ID Number

Reset