



DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____
Court Address

Case No. _____

STATE OF MARYLAND
OR

Trial Date _____

Plaintiff _____ VS. 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 _____