

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR

Located at _____

Court Address _____

City/County _____

Telephone _____

STATE OF MARYLAND

Case No. _____

OR

Trial Date _____

Plaintiff/Judgment Creditor _____

vs.

Defendant/Judgment Debtor _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

MOTION

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