

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 \_\_\_\_\_