

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR

STATE OF MARYLAND
OR

Located at _____
Court Address

City/County _____

Telephone _____

Case No. _____

Trial Date _____

vs.

Plaintiff/Judgment Creditor _____

Defendant/Judgment Debtor _____

Street Address _____

Street 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

_____ Street Address

_____ Telephone

_____ Fax

_____ E-mail

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Motion as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ Date hand delivery on _____ Date

service on registered user via MDEC system on the effective date of filing.

_____ Date

_____ Signature

_____ Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).

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