| $\square$ Mark this box if this form contains Restricted Information. |  |
| :---: | :---: |
| DISTRICT COURT OF MARYLAND FOR City/County |  |
| Court Address Loct |  |
| STATE OF MARYLAND | Case No. |
| OR | Trial Date |
| Plaintiff/Judgment Creditor | Defendant/Judgment Debtor |
| Address | Address |
| City, State, Zip | City, State, Zip |
| MOTION ${ }_{\text {MDE }}$ MDE counties only: 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 RestrictedInformation box on this form. |  |

I am the $\square$$\square$ attorney for $\square$plaintiffdefendantother (specify):Request hearing on Motion


## CERTIFICATE OF SERVICE

E-mail
I certify that I served a copy of this Motion upon the following party or parties by $\square$ mailing first-class mail, postage prepaid $\square$ hand delivery, on

> Date to:

| Name |
| :--- |
| Name |
| Date |


|  | Address |
| :---: | :---: |
|  | Address |
| Signature of Party Serving |  |

It is ORDERED:the hearing on Motion be set for
Date
at $\qquad$AMPM at the following location:the relief requested be GRANTEDthe relief requested is DENIED
Comments:

## ORDER

$\qquad$

