Located at	□ M:	ark this box if this form contains R	Restricted Information.		
Located at Court Address  Case No		DISTRICT COURT OF MA	ARYLAND FOR		61.10
OR Trial Date		Located at			• •
OR			Court Address		•
PlaintiffEudgment Creditor  Naddress  Address  Address  Address  Address  Address  Address  MOTION  ADEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extrent isk Protective Order (ERPO), Guardianship, Juvenile, Coenter Declaration), if this submission contains testricted Information (confidential by statute up to contain Declaration) if this submission contains testricted Information previous (ERPO). Guardianship, Juvenile, Coenter Declaration), if this submission contains testricted Information box on this form.    Address   Address   Address	TATE	OF MARYLAND		Case No.	
Plaintiff Judgment Creditor  Address  Address  City, State, Zip  MOTION  IDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extrensisk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), if this submission contains enformation (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.  am the   attorney for   plaintiff   defendant   other (specify):    Request hearing on Motion    Date   Signature   Attorney Number		OR			Trial Date
City, State, Zip   MOTION	Plaintiff	/Judgment Creditor	VS.	Defendant/J	udgment Debtor
MOTION IDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extrensisk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), if this submission contains estricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Dursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.    Date	Address			Address	
MOTION  IDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extrentisk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), if this submission contains testricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Dursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.	City, Sta	ate, Zip		City, State,	Zip
MDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extret isks Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), if this submission contains testricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Dursunant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.    am the   attorney for   plaintiff   defendant   other (specify):	,,	, —- <b>r</b>	MOTION	•	<b>-</b> -
Request hearing on Motion   Date   Signature   Attorney Number	ntorm	ation Pursuant to Rule 20-201.	I (form MDJ-008) with	this submis	sion, and check the Restricted
Request hearing on Motion    Date   Signature   Attorney Number					
Request hearing on Motion  Date  Date  Signature  Printed Name  Address  1 elephone  Fax  CERTIFICATE OF SERVICE  certify that I served a copy of this Motion upon the following party or parties by mailing first-class mail, postage repaid hand delivery, on  Date  Name  Address  Name  Address  Date  ORDER  Time  AM PM at the following location the relief requested be GRANTED the relief requested is DENIED  Comments:					
Printed Name  Address    Ielephone			efendant □ other <i>(specif</i>	iy):	
Printed Name Address    Iclephone		Date		Signature	Attornev Number
CERTIFICATE OF SERVICE  CERTIFICATE OF SERVICE  Certify that I served a copy of this Motion upon the following party or parties by mailing first-class mail, postage repaid hand delivery, on		2			·
CERTIFICATE OF SERVICE  CERTIFICATE OF SERVICE  Certify that I served a copy of this Motion upon the following party or parties by   mailing first-class mail, postage repaid   hand delivery, on					Address
CERTIFICATE OF SERVICE    Certify that I served a copy of this Motion upon the following party or parties by   mailing first-class mail, postage repaid   hand delivery, on					Telephone
CERTIFICATE OF SERVICE  certify that I served a copy of this Motion upon the following party or parties by   mailing first-class mail, postage repaid   hand delivery, on					Fax
certify that I served a copy of this Motion upon the following party or parties by  mailing first-class mail, postage repaid  hand delivery, on to:    Name			CERTIFICATE OF	CEDVICI	_ E-mail
Name  Date  ORDER  Signature of Party Serving  ORDER  t is ORDERED:  the hearing on Motion be set for at AM □ PM at the following location the relief requested be GRANTED  the relief requested is DENIED  Comments:	-	☐ hand delivery on	on upon the following pa		
ORDER  Signature of Party Serving  AM  PM at the following location  Time  the relief requested be GRANTED  the relief requested is DENIED  Comments:		Name			Address
ORDER  t is ORDERED:  ☐ the hearing on Motion be set for		Name			Address
t is ORDERED:  the hearing on Motion be set for at AM PM at the following location the relief requested be GRANTED the relief requested is DENIED Comments:		Date	ORDER	?	Signature of Party Serving
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