

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR

City/County

Located at

Court Address

Case No.

STATE OF MARYLAND
OR

Trial Date

vs.

Plaintiff/Judgment Creditor

Defendant/Judgment Debtor

Address

Address

City, State, Zip

City, State, Zip

MOTION

MDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile), 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

Email

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 hereby ORDERED:

the hearing on Motion be set for _____ at _____ at the following location:

the relief requested be granted

the relief requested is denied

Comments:

Date

Judge

ID Number