

3. **Relief Requested.** Identify the action you would like the Court of Special Appeals to take (reverse the judgment, vacate the judgment, remand the case to the circuit court, etc.):

4. **Related Cases or Appeals.** Identify all prior appeals from this circuit court case or any related case. Provide the case name, case number, and the outcome of the appeal.

Signature

Printed Name

Address

CERTIFICATE OF SERVICE

I certify that on _____ (date) I served a complete copy of this Informal Brief on all parties by mailing it to the address shown below:

Signature

Please note: If the Certificate of Service is not completed, this filing will not be accepted. If you do not serve the other party or parties in this case, this filing may be stricken and the appeal dismissed.

IF YOU ARE AN INMATE IN A CORRECTIONAL FACILITY FILL OUT THIS CERTIFICATE

CERTIFICATE OF FILING (Md. Rule 1-322)

I, _____ (name), certify that (1) I am involuntarily confined in _____ (name of facility); I have no direct access to the U.S. Postal Service or to a permitted means of electronically filing the attached pleading or paper; (3) on _____ (date) at approximately _____ (time) I personally [] deposited the attached pleading or paper for mailing in a receptacle designated by the facility for outgoing mail or [] delivered it to an employee of the facility authorized by the facility to collect outgoing mail; and (4) the item was in mailable form and had the correct postage on it.

I solemnly affirm this _____ day of _____ 2020, under the penalty of perjury and upon personal knowledge that the foregoing statements are true.

Signature