



DISTRICT COURT OF MARYLAND FOR _____

City/County _____

Located at _____

Court Address _____

WRIT OF SUMMONS

DEF: _____

Serve On: _____

Address: _____

Date Filed	_____
Issue Date	_____
Case Number	_____
Complaint Number	_____
Trial Date	_____
Trial Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Trial Room	_____

You are summoned to appear for trial at the date, time, and location shown above. **If you intend to be present at the trial, you must file the attached Notice of Intention to Defend within 15 days 60 days of receiving this complaint.** Failure to file the Notice of Intention to Defend may result in a judgment by default or the granting of the relief sought.

MUST BE SERVED BY: _____

Date _____

Administrative Clerk _____

To Sheriff/Constable Private Process Server

You are hereby commanded to serve this Writ of Summons and to make your return promptly if served. If you are unable to serve, you are to make your return below and return the original process to the court no later than ten (10) days following the termination of the validity of the process.

I certify that:

I served a summons by delivery of the complaint and all supporting papers to _____ on _____ A.M. P.M. at _____

The person I left the papers with acknowledged being: (1) A resident of above listed address; (2) 18 years of age or older; (3) of suitable discretion in that relationship to the Defendant is _____ and that; (4) the above listed address is the Defendant's residence or usual place of abode. The facts upon which I concluded that the individual served is of suitable age discretion are: _____

The cost of service is \$ _____

Description of the Defendant/Person Served: Race _____ Sex _____ Ht. _____ Wt. _____ Age _____

I was unable to serve because _____

ATTEMPT: _____ ATTEMPT: _____ ATTEMPT: _____

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief and do further affirm I am a competent person over 18 years of age and not party to the case.

REFUND TO: _____

Print Name of Process Server _____

Address _____

City, State, Zip _____

Telephone Number _____

Signature of Process Server _____

Date _____

"Insert Barcode Here"

Cut here

NOTICE OF INTENTION TO DEFEND

Case Number: _____ Defendant: _____ Complaint # _____ Trial Date: _____

NOTICE: **If you contest the claim** or any part thereof, you must complete this Notice of Intention to Defend and file with the court listed at the top of this Summons no later than 15 days 60 days after you receive this Summons and be present in court on the trial date. If you do not appear, judgment by default or the relief sought may be granted.

ATTENTION CORPORATIONS & LLCs: this Notice must be filed by an attorney, and you must be represented at trial by an attorney. **EXCEPTION:** where the amount claimed doesn't exceed \$5,000.00, corporations may be represented by an officer; LLCs may be represented by a member. Both may be represented by a properly designated employee. See Maryland Annotated Code, Business Occupations and Professions, § 10-206(b)(4) for further details, and for information regarding partnerships and sole proprietorships.

To request a foreign language interpreter or a reasonable accommodation under the Americans with Disabilities Act, please contact the court immediately. Possession and use of cell phones and other electronic devices may be limited or prohibited in designated areas of the court facility.

SEE NOTICE ON BACK OF COMPLAINT FORM FOR IMPORTANT INFORMATION

I intend to be present at the trial of this claim and demand proof of the Plaintiff's claim.

Brief explanation of defense: _____

Date _____

Signature _____

Print Name _____

Address _____

City, State, Zip _____

Home/Work Telephone Number _____

Fax _____

E-mail _____