



DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND
OR

Trial Date _____

Plaintiff/Judgment Creditor _____ vs. Defendant/Judgment Debtor _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

MOTION

I am the Attorney for Plaintiff Defendant Other - Specify: _____
 Request Hearing on Motion

Address _____ Signature _____ Date _____

City _____ State _____ Zip _____ Name - Printed _____

Signer's Facsimile Number, if any _____ Signer's E-mail Address, if any _____ Telephone No. _____

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 _____

Name _____ Address _____

Date _____ Signature of Party Serving _____

ORDER

It is hereby ORDERED that:

- the relief requested be granted
- the hearing on Motion be set for _____
- denied

_____ Date _____ Judge _____ ID Number _____