DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No _____
Court Address

STATE OF MARYLAND
OR

Trial Date _____

_____ vs. _____

_____ _____

Plaintiff Defendant

REQUEST

It is requested that _____

_____

_____

_____

_____

_____

_____

_____

Date Signature

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, on _____ to:
Date

_____ _____
Name Address

_____ _____
Name Address

_____ _____
Date Signature of Party Serving

ORDER

_____

_____

_____

_____ _____
Date Judge

DC 1 (Rev. 6/2002)