



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

Date

Signature

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