IN THE COURT OF SPECIAL APPEALS

No. _____, September Term, _____

______V._____

Appellant

Appellee

INFORMAL BRIEF OF THE APPELLANT

Please refer to the Guidelines for Informal Briefs provided with this form for instructions on how to fill out this form.

1. A. Identify the dates of each order, judgment, or decision from which you are appealing.

- B. What is the date that you filed your notice of appeal?
- 2. **Issues that you would like the Court of Special Appeals to review**. Either in the following space or on additional pages attached to this informal brief (no more than 15 pages), identify the issues that you would like the Court of Special Appeals to consider, identify the facts relating to those issues, and identify your argument in support of the resolution of those issues. When referencing facts, identify where the facts can be located in the record (in other words, exhibits, transcripts, pleadings, orders, decisions, etc.). You may cite case law, statutes, or other authorities, but you are not required to do so. You may attach any relevant documents from the record.

Issue 1.

Supporting Facts and Argument:

Issue 2.

Supporting Facts and Argument:	

Issue 3.

Supporting Facts and Argument:	

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