$\mathcal{L}^{NRYL_{A/b}}$ \square CIRCUIT COURT \square DIS	TRICT COURT OF MARYI	LAND FOR	City/County
Located at	Court Address	Case No	
STATE OF MARYLAND OR			
Name	Vs		
Address		ss	
City, State, Zip	•	City, State, Zip	
	OR CONTINUANCE / P		
I,	Name		
move that the court grant a continuance			
Type of proceeding:			
Currently scheduled date and time:			
for the following reasons:			
I solemnly affirm under the penalties of	f perjury that the contents of	_	
I solemnly affirm under the penalties of of my knowledge, information, and beli	f perjury that the contents of ief.	this document are true	e to the best
I solemnly affirm under the penalties of of my knowledge, information, and beling the Date	f perjury that the contents of ief.	this document are true Signature	Attorney Number
I solemnly affirm under the penalties of of my knowledge, information, and beling the Date Printed Name	f perjury that the contents of ief.	Signature Telephone	Attorney Number
Solemnly affirm under the penalties of of my knowledge, information, and believed Date Printed Name Address	f perjury that the contents of ief.	Signature Telephone I	Attorney Number
I solemnly affirm under the penalties of of my knowledge, information, and beling the Date Printed Name	f perjury that the contents of ief.	Signature Telephone I Fax E-ma	Attorney Number
Solemnly affirm under the penalties of of my knowledge, information, and believed a	f perjury that the contents of ief. CERTIFICATE OF SER	Signature Telephone 1 Fax E-ma	Attorney Number
Solemnly affirm under the penalties of of my knowledge, information, and belinder the penalties of my knowledge, and an appear the penalties of my knowledge, and	CERTIFICATE OF SERVE tion, upon the following part	Signature Telephone Telep	Attorney Number Number il
Solemnly affirm under the penalties of of my knowledge, information, and belinder the penalties of my knowledge, and an appear the penalties of my knowledge, and	CERTIFICATE OF SERVE tion, upon the following part	Signature Telephone Telep	Attorney Number Number il
I solemnly affirm under the penalties of of my knowledge, information, and belinder the penalties of my knowledge, information, and belinder Date Printed Name Address City, State, Zip I certify that I served a copy of this mot postage prepaid □ hand delivery, on □	CERTIFICATE OF SERVE tion, upon the following part	Signature Telephone I Fax E-ma VICE Ty or parties by Address	Attorney Number Iling first-class mail,
I solemnly affirm under the penalties of of my knowledge, information, and beling the part of the par	CERTIFICATE OF SER' tion, upon the following part to:	Signature Telephone Fax E-ma VICE Ty or parties by Address City, State,	Attorney Number Number il ling first-class mail,
I solemnly affirm under the penalties of of my knowledge, information, and beling a Date Printed Name Address City, State, Zip I certify that I served a copy of this most postage prepaid □ hand delivery, on □ Name	CERTIFICATE OF SER' tion, upon the following part to:	Signature Telephone I Fax E-ma VICE Ty or parties by Address City, State,	Attorney Number Number ill ling first-class mail,
I solemnly affirm under the penalties of of my knowledge, information, and beling the Date Printed Name Address City, State, Zip I certify that I served a copy of this mot postage prepaid □ hand delivery, on □ Name	CERTIFICATE OF SER' tion, upon the following part to:	Signature Telephone I Fax E-ma VICE Ty or parties by Address City, State, Address City, State,	Attorney Number Number Illing first-class mail, Zip
I solemnly affirm under the penalties of of my knowledge, information, and beling and Date Printed Name Address City, State, Zip I certify that I served a copy of this most postage prepaid □ hand delivery, on □ Name Name	CERTIFICATE OF SER' tion, upon the following part to:	Signature Telephone I Fax E-ma VICE Ty or parties by Address City, State, Address City, State,	Attorney Number Number Illing first-class mail, Zip
I solemnly affirm under the penalties of of my knowledge, information, and beling and Date Printed Name Address City, State, Zip I certify that I served a copy of this most postage prepaid □ hand delivery, on □ Name Name Date It is ORDERED:	CERTIFICATE OF SERVation, upon the following part Date	Signature Telephone I Fax E-ma VICE Ty or parties by Address City, State, Address City, State,	Attorney Number Number Illing first-class mail, Zip
I solemnly affirm under the penalties of of my knowledge, information, and beling the part of my knowledge, information, and beling the part of the postage prepaid Date	CERTIFICATE OF SERVITION, upon the following part Date ORDER	Signature Telephone I Fax E-ma VICE Ty or parties by Address City, State, Address City, State,	Attorney Number Number il ling first-class mail,
Printed Name Address City, State, Zip I certify that I served a copy of this mot postage prepaid □ hand delivery, on □ Name Name	CERTIFICATE OF SERVITION, upon the following part Date ORDER	Signature Telephone I Fax E-ma VICE Ty or parties by Address City, State, Address City, State,	Attorney Number Number Illing first-class mail, Zip