

MOTION INFORMATION STATEMENT

_____ Caption [use short title]

Docket Number(s): _____

Motion for: _____

Set forth below precise, complete statement of relief sought:

MOVING PARTY: _____
 Plaintiff Defendant
 Appellant/Petitioner Appellee/Respondent

OPPOSING PARTY: _____

MOVING ATTORNEY: _____
[name of attorney, with firm, address, phone number and e-mail]

OPPOSING ATTORNEY [Name]: _____
[name of attorney, with firm, address, phone number and e-mail]

Court-Judge/Agency appealed from: _____

Please check appropriate boxes:

Has **consent** of opposing counsel:
A. been sought? Yes No
B. been obtained? Yes No

Is **oral argument** requested? Yes No
(requests for oral argument will not necessarily be granted)

Has **argument** date of appeal been **set**? Yes No
If yes, enter date _____

FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND INJUNCTIONS PENDING APPEAL:

Has request for relief been made **below**? Yes No
Has this relief been previously sought in this Court? Yes No

Requested return date and explanation of emergency:

Signature of Moving Attorney: _____

Date: _____

Has **service** been effected? Yes No
[Attach proof of service]

ORDER

IT IS HEREBY ORDERED THAT the motion is **GRANTED** **DENIED**.

FOR THE COURT:

CATHERINE O'HAGAN WOLFE, Clerk of Court

Date: _____

By: _____