

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:**  
ROSEANN B. MacKECHNIE, Clerk of Court

Date: \_\_\_\_\_

By: \_\_\_\_\_