County Court District Court	
Court Address:	
Plaintiff(s)/Petitioner(s):	
v.	
Defendant(s)/Respondent(s):	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	
Phone Number: E-mail:	
FAX Number: Atty. Reg. #:	Division Courtroom
MOTION TO	
For the following reasons: (cite any applicable law)	
Tor the following reasons: (Gite any applicable law)	
I request the Court to:	
Date:	
Date	□Petitioner/Plaintiff or □Respondent/Defendant
	Address
	City, State and Zip Code
	Telephone Number (Home) (Work)
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I certify that on (date) a true was served on the other party by:	and accurate copy of the Motion to
□Hand Delivery, □E-filed, □Faxed to this number	
□ by placing it in the United States mail, postage praddress):	e-paid, and addressed to the following (include name and
To:	
	☐Petitioner/Plaintiff or ☐Respondent/Defendant