

MOTION INFORMATION STATEMENT

Docket Number(s): \_\_\_\_\_ Caption [use short title] \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court-Judge/Agency appealed from: \_\_\_\_\_

Please check appropriate boxes:

Has movant notified opposing counsel (required by Local Rule 27.1):  
 Yes  No (explain): \_\_\_\_\_

Opposing counsel's position on motion:  
 Unopposed  Opposed  Don't Know

Does opposing counsel intend to file a response:  
 Yes  No  Don't Know

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is oral argument on motion 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: \_\_\_\_\_

Signature of Moving Attorney: \_\_\_\_\_

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

Service by:  CM/ECF  Other [Attach proof of service]