IN THE APPELLATE COURT OF MARYLAND

No. _____, September Term, _____

_____ v. _____
Appellant **Appellee**

INFORMAL BRIEF OF THE APPELLANT
Please refer to the Guidelines for Informal Briefs provided with this form for instructions on how to fill out this form.

1. **Information about your case.**
   a. What is your case number in the circuit court? _____

   b. What are the dates of the orders, judgments, or decisions you are appealing from? _____

_____

_____

   c. What is the date you filed your notice of appeal? _____

2. **Issues that you would like the Appellate Court of Maryland to review**. Either in the following space or on additional pages attached to this informal brief (no more than 15 pages), identify the issues that you would like the Appellate Court of Maryland to consider, identify the facts relating to those issues, and identify your argument in support of the resolution of those issues. When referencing facts, identify where the facts can be located in the record (in other words, exhibits, transcripts, pleadings, orders, decisions, etc.). You may cite case law, statutes, or other authorities, but you are not required to do so. You may attach any relevant documents from the record.

Issue 1.

Supporting Facts and Argument:

Issue 2.

Supporting Facts and Argument:

Issue 3.

Supporting Facts and Argument:

3. **Relief Requested.** Identify the action you would like the Appellate Court of Maryland to take (reverse the judgment, vacate the judgment, remand the case to the circuit court, etc.):

4. **Related Cases or Appeals.** Identify all prior appeals from this circuit court case or any related case. Provide the case name, case number, and the outcome of the appeal.

_____
Signature

_____
Printed Name

_____
Address

_____

_____

CERTIFICATE OF SERVICE

I certify that on _____ (date) I served a complete copy of this Informal Brief on all parties by mailing it to:

_____

_____

_____

_____

_____
Signature

Please note: *If the Certificate of Service is not completed, this filing will not be accepted. If you do not serve the other party or parties in this case, this filing may be stricken and the appeal dismissed.*

IF YOU ARE AN INCARCERATED INDIVIDUAL IN A CORRECTIONAL FACILITY FILL OUT THIS CERTIFICATE

CERTIFICATE OF FILING (Md. Rule 1-322)

I, _____ (name), certify that (1) I am involuntarily confined in _____ (name of facility); I have no direct access to the U.S. Postal Service or to a permitted means of electronically filing the attached pleading or paper; (3) on _____ (date) at approximately _____ (time) I personally [ ] deposited the attached pleading or paper for mailing in a receptacle designated by the facility for outgoing mail or [ ] delivered it to an employee of the facility authorized by the facility to collect outgoing mail; and (4) the item was in mailable form and had the correct postage on it.

I solemnly affirm this _____ day of _____ 20____, under the penalty of perjury and upon personal knowledge that the foregoing statements are true.

_____
Signature