

**IN THE JUSTICE OF THE PEACE COURT OF
THE STATE OF DELAWARE, IN AND FOR _____ COUNTY
COURT NO. _____**

COURT ADDRESS:

CIVIL ACTION NO. _____

PLAINTIFF(S):

VS.

DEFENDANT(S):

(1)Name _____
Address _____

(1)Name _____
Address _____

Phone _____

Phone _____

(2)Name _____
Address _____

(2)Name _____
Address _____

Phone _____

Phone _____

Plaintiff's Attorney, if any:

Defendant's Attorney, if any:

APPLICATION FOR A MOTION HEARING

I, _____, an above named party in this action, do request the Court to schedule a hearing to determine if the requested relief should be granted. In support of this application, I do truthfully state the following:

A. Type of relief requested:

B. Reasons why the relief should be granted:

C. If this is a motion to vacate a default or nonsuit judgment or a motion for a new trial or to amend a judgment, explain how you believe the result of the case may be different if the motion were granted.

Date: _____

Signature of Applicant

Persons with disabilities should contact the Court 10 days prior to trial, if possible, to request reasonable accommodations. TDD telephone numbers of JP Courts for the hearing impaired can be obtained by contacting TDD 302-323-5315.