

IN THE _____ COURT OF _____ COUNTY
STATE OF _____

State of _____

PLAINTIFF

VS.

CAUSE NO. _____

DEFENDANT

(Name of Defendant)

Motion of Defendant for a Gag Order

Comes the Defendant _____ (Name of Defendant), by and through counsel, and moves this Honorable Court for a "Gag" Order in order to insure that _____ (Name of Defendant) receives a fair trial, and in support of said Motion, Defendant would show the following:

(Specify grounds for motion)

_____.

Wherefore, Defendant respectfully moves the Court to (specify relief sought) _____

_____.

Respectfully submitted,

(Name of Defendant)

By _____
(Printed Name of

Attorney)

(Signature of Attorney)

Certificate of Service

This is to certify that I, _____ (Name of Attorney), attorney for Defendant, _____ (Name of Defendant), have this date served a true and correct copy of the above and foregoing **Motion** by U.S. Mail, postage fully prepaid, to the following counsel of record for the State:

(Name of Attorney)
Post Office Box _____

City, State, Zip Code

This the _____ day of _____, 20____.

Respectfully Submitted,

(Name of Attorney)

(Signature of Attorney)

State Bar No. _____

Attorney for Defendant

OF COUNSEL:

(Name of Attorney)

Post Office Box _____ - _____

City, State, Zip Code

Telephone: _____ - _____ - _____

Notice of Motion for a Gag Order

You are notified that on _____ (date), at _____ (time), or as soon thereafter as counsel can be heard, in Courtroom _____ of the _____ Court for _____ County, _____ (State), at the _____ (County) Courthouse at _____

_____ (street address, city, county, state, zip code), Defendant _____ (Name of Defendant), by and through his attorney, will bring on for hearing his **Motion** for the reasons stated in the above Motion.

Respectfully Submitted,

(Name of Attorney)

(Signature of Attorney)

State Bar No. _____

Attorney for Defendant

OF COUNSEL:

(Name of Attorney)

Post Office Box _____ - _____

City, State, Zip Code

Telephone: _____ - _____ - _____