

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

Trial Date _____

STATE OF MARYLAND

OR

Plaintiff _____

Defendant _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

REQUEST

MDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), if this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

It is requested that: _____

_____ Date

_____ Signature

_____ Printed Name

_____ Address

_____ Telephone

_____ Fax

_____ E-mail

ORDER PURSUANT TO A REQUEST

After consideration, the request made by _____ Name

on _____ Date is:

GRANTED

DENIED

Comments:

_____ Date

_____ Judge

_____ ID Number