



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_

Court Address

Case No. \_\_\_\_\_

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

Petitioner

**PETITION FOR DISBURSEMENT OF SEIZED ANIMAL(S) PROCEEDING FUNDS OR TERMINATION OF ORDERED PAYMENTS (Criminal Law § 10-615.1)**

I am \_\_\_\_\_, an agent of the seizing agency and I request that the court order:

Name

the disbursement of funds collected by the clerk of the court for the care of the seized animal(s) to:

\_\_\_\_\_ starting \_\_\_\_\_ on a  weekly  bi-weekly  monthly basis.

Date

the one time disbursement of funds in the amount of \$ \_\_\_\_\_ to \_\_\_\_\_.

termination of payment for reasonable care of the seized animal(s) and all unused funds retained by the clerk

of the court be returned to \_\_\_\_\_,

Name of party ordered to pay for cost of care for animal(s)

because:

the owner of the animal(s) has surrendered all rights to the animal(s).

the animal(s) has/have been forfeited to \_\_\_\_\_ under

§§ 10-615(e), 10-105.1(g)(4), or 10-105.1(l) of the Criminal Law Article.

the animal(s) has/have died or been euthanized.

Date

Petitioner/Petitioner's Attorney Signature

Attorney Number

Fax

Printed Name

E-mail

Address

Telephone

City, State, Zip

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this petition upon all parties to this action by  mailing first-class mail, postage prepaid,

hand-delivery, on \_\_\_\_\_ to:

Date

Name

Address

City, State, Zip

Name

Address

City, State, Zip

Date

Signature of Party Serving