



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND or

Plaintiff/Complainant vs. Defendant /Respondent

**REQUEST TO SHIELD MY ADDRESS / TELEPHONE NUMBER
IN A CRIMINAL CASE RECORD
(Md. Rule 16-912(g))**

Victim/Victim's representative/Witness (Please print.)

Victim/Victim's representative/Witness (Please print.)

Address

Address

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

I am the victim victim's representative witness in the case above.

I am requesting the shielding of the following information:

- address
- telephone number

The reason this information should not be disclosed is: _____

I certify that I served a copy of this motion upon the following party or parties by mailing first class mail, postage prepaid, hand delivery, on _____ to:
Date

Name

Address

Name

Address

Date

Signature of Party Serving/Attorney/Attorney Code

ORDER / APPROVAL

ORDERED/APPROVAL, this _____ day of _____, _____, by _____
Month Year

that the above Request to Shield is: Granted Denied Shielding not required.

Date

Signature I.D. Number

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address and place of employment of a victim or non-party witness is subject to blocking in accordance with Md. Rule 16-910.

If your request is denied, you have the right to file a motion (form CC-DC-053).