☐ **CIRCUIT COURT** ☐ **DISTRICT COURT OF MARYLAND FOR** _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND vs. _____
Defendant

CONFIDENTIAL SUPPLEMENT
(Request for Shielding of Information)

☐ Victim Requests Shielding ☐ Complainant Requests Shielding ☐ Witness Requests Shielding

Due to: ☐ Threats to Safety Made by Defendant or Person(s) on Defendant's Behalf
☐ Act of Violence by Defendant or Person(s) on Defendant's Behalf
☐ Other _____

_____

Victim/Complainant/Witness (Please print.)	Victim/Complainant/Witness (Please print.)
Address	Address
City, State, Zip	City, State, Zip
Telephone Number	Telephone Number
Victim/Complainant/Witness (Please print.)	Victim/Complainant/Witness (Please print.)
Address	Address
City, State, Zip	City, State, Zip
Telephone Number	Telephone Number

I solemnly affirm that the contents of this confidential supplement request are true to the best of my knowledge, information, and belief.

_____ Date _____ Victim/Complainant/Witness Signature

☐ Approved ☐ Denied ☐ Shielding Not Required

_____ Date _____ Commissioner/Judge 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 blocked. (Md. Rule § 16-909)

Reset