

**District Court ADR Office**  
**Volunteer Day of Trial Parking Reimbursement Form Instructions**

**COMPLETING the FORM****Section I. The following data fields must be completed in order to process your reimbursement form:**

- a. **Volunteer Name:** Print your name as you would like it to appear for payment. Reimbursements will only be made to individuals, and not to businesses.
- b. **Volunteer Social Security Number:** Required to process reimbursement.
- c. **Prone Number:** A number you can be reached is there are any questions concerning your expenses.
- d. **Address:** This address should represent the street address, city, state and zip code where your reimbursement will be mailed.
- e. **Courthouse (City):** Indicate the District Courthouse location(s) where you incurred the parking expense while volunteering in the Day of Trial ADR Program. Parking costs will be reimbursed for the following District Courthouses: (*Please Note: Other courthouses have readily accessible free parking.*)
 

✓ Baltimore City (Gay & Fayette)	✓ Rockville
✓ Bel Air	✓ Silver Spring
✓ Frederick	✓ Upper Marlboro

**Section II. Date Grid section (only complete areas that are not grey.)**

- f. **“Date” line:** Enter the date MM/DD/YY format on the corresponding day of the week that the parking expense was incurred when volunteering in the District Court Day of Trial ADR Program.
- g. **“Parking” line:** On the “Parking” line, in the box under the corresponding “Date” column, enter the amount of money incurred for parking expenses while volunteering in the District Court Day of Trial ADR Program.
  - ✓ Value should appear in a 0.00 format.
  - ✓ **Dollar signs (\$) are not necessary.**
- h. **“Total” line and column:**
  1. Add together all of the parking expenses across the “Parking” row, and enter the sum of the parking expenses in the “Total” column (on the “Parking” row) to the right.
  2. Add the “Total” column (on the right) and put the sum in the box at the bottom of the “Total” column.  
*See attached Sample Completed Parking Reimbursement Expense Form.*

**Section III. Verification section**

- i. **Signature:** Please sign on this line.
- j. **Date:** Indicate the date you are signing the form.
- k. **Make a copy of the completed form for your records.**

**NEXT Steps:****1. Parking expenses incurred must be itemized on a daily basis only and should not be shown in a lump sum.**

- One (1) parking expense per column, per day.

**2. Original parking receipts must accompany the parking reimbursement expense form.**

- Original parking receipts must be taped to a separate sheet of paper and must be submitted with the parking reimbursement expense form.
- Credit card statements and/or bank statements reflecting the “parking charge” may be submitted if you did not retain the original receipt (and you used a credit or debit card to pay for the parking).
- Cash payments for parking will not be reimbursed without a receipt.
- Meter parking expenses, without receipt, will not be reimbursed.
- Make a copy of all documents for your records.

**3. The parking expense form and original parking receipts shall be submitted for reimbursement to the address shown on the form no later than 30 days after the expense was incurred. (Parking expenses incurred in June must be submitted by July 2nd.)**

- Completed, signed and dated parking expense forms and original receipts shall be mailed to:  
 Maureen Denihan  
 District Court of Maryland, ADR Office  
 251 Rowe Blvd., Suite 307  
 Annapolis, MD 21401  
 Attn: DOT Parking
- Forms submitted after 30 days of the incurred expense **will NOT** be reimbursed.

**4. Questions?** Contact Maureen Denihan at 410-260-1678 or [maureen.denihan@mdcourts.gov](mailto:maureen.denihan@mdcourts.gov)