



DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

Plaintiff/Petitioner VS. _____
Defendant/Respondent

**CIVIL APPEAL/REQUEST FOR TRANSCRIPT
(APPL) (TRSC)**

To the Clerk:

Please note an appeal in the case referenced above. Appellant is the _____ in the said case:

- District Court cost of \$10 enclosed. (Not applicable to Domestic Violence Appeals.)
- Advance Circuit Court filing fee and surcharge enclosed:
 - Domestic Violence Case \$0 Application for Expungement of Police Records \$55 Other \$135
(Checks made payable to Circuit Court)
- Appellant, as an indigent, seeks a waiver of costs. (CC-DC-008 Petition for Waiver of Costs)
- Appellant is represented by Legal Aid Bureau, Inc., attorney or other eligible legal services corporation, and therefore, exempt from filing fee.
- My claim amount exceeds \$5,000 and I am enclosing a deposit of \$75 for the required transcript.

NOTE: On appeal, a transcript of the District Court proceeding is required when the claim amount exceeds \$5,000 exclusive of interest, costs, and attorney's fees. The cost is \$3 per page for an original transcript and one copy. A deposit of \$75 is required when the transcript is requested. You will be billed for the balance. The appeal will not be forwarded until all costs, including the cost of the transcript, have been paid in full.

Date of Trial: _____

Location of Trial: _____

Date

Fax

E-mail

Signature of Appellant/Attorney/Attorney Code

Printed Name

Address

City, State, Zip

Telephone Number

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on _____, a copy of _____
(Describe document served)

was served electronically by the MDEC system on all persons entitled to service, except for the following persons (if any), who were served non-electronically by _____
(Means of service)

Name: _____
Address: _____

Date

Name: _____
Address: _____

Signature of Party Serving