



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND or

Plaintiff/Complainant vs. Defendant/Respondent

**REQUEST TO SHIELD ADDRESS / TELEPHONE NUMBER / E-MAIL ADDRESS
IN A CRIMINAL CASE RECORD
(Md. Rule 6-941(i))**

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

*Address

*City, State, Zip

*Telephone Number

*E-mail Address

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

I am requesting the shielding of the:

address telephone number e-mail address above

The reason this information should not be disclosed is: _____

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) were served with a copy of this request as indicated:

➤ **Person Served** (note if attorney) _____ Address of the Person Served _____

Service method: first-class mail on _____ Date _____, hand delivery on _____ Date _____,

service on registered user via MDEC system on the effective date of filing.

➤ **Person Served** (note if attorney) _____ Address of the Person Served _____

Service method: first-class mail on _____ Date _____, hand delivery on _____ Date _____,

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

ORDER / APPROVAL

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

that the above request to shield is: Granted Denied Shielding not required.

Date Signature ID 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 16-918.

If your request is denied, you have the right to file a Petition to Seal or Otherwise Limit Inspection of a Case Record (form CC-DC-053).