



☐ 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 ADDRESS / TELEPHONE NUMBER / E-MAIL ADDRESS
IN A CRIMINAL CASE RECORD
(Md. Rule 16-934(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: _____

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

Name Address

City, State, Zip

Name Address

City, State, Zip

Date Signature of Party Serving/Attorney Attorney Number

*You can redact or remove your address and/or telephone number on the copy served to the other party(ies).

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).

CC-DC-052 (Rev. 10/2025)

RSHLR