

This form contains Restricted Information.



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 PERSONAL INFORMATION OF A PROTECTED PERSON
(Md. Rule 16-942)**

Unless you are filing into a restricted case type (Adoption of a Minor, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

I request that the personal information of _____ be shielded in the above referenced case. Name

The protected individual is:

- A current or retired justice or judge of a court established under Article IV of the Maryland Constitution;
- A current or retired justice or judge of a federal court, including a United States Bankruptcy Court, who lives in the State;
- A current or retired magistrate appointed by a circuit court of the State;
- A current or retired United States magistrate judge who lives in the State;
- A current or retired commissioner of the District Court of Maryland; or
- A spouse, a child, or a dependent who resides in the same household as an individual described above.

Court/Agency (if applicable): _____

Position/Title (if applicable): _____

Dates of Employment: _____

Relationship to Filer: _____

I am requesting the shielding of the following personal information in the above referenced case:

- home address: _____
- home mobile telephone number(s): _____
- A personal e-mail address: _____
- A Social Security number: _____
- A driver's license number: _____
- A federal tax identification number: _____
- A bank account number: _____
- A credit or debit card number: _____
- A license plate number or unique identifier of a vehicle: _____
- A birth or marital record: _____
- A child's name: _____

- A school or daycare:
- A place of worship:
- A place of employment:

The information can be found in the following places within the court record. Please be specific. For example, pleading, exhibit, docket entry, transcript, etc.

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I certify that to the best of my knowledge this information is true and correct. I agree to provide documentation if required by the court.

Date	Signature	Attorney Number
Printed Name	Telephone Number	
Address	City, State, Zip	
Fax	E-mail	

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 _____ hand delivery on _____

Date 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 _____ hand delivery on _____

Date Date

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

Date	Signature	Attorney Number
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