ARYLANS CIR	CUIT COURT FOR	City/County , MARYLANI
1. And	SITTI	NG AS A JUVENILE COURT
UDICIAR ⁴ Loca	ited at	
2000		Court Address
		* Case Number(s):
In The Matter	r of:	*
	Respondent / Feutioner	*
		*
DOB:		
	EXPUNGEMENT OF	* OSITION ON PETITION FOR JUVENILE RECORDS
TO:		
State's A	Attorney for	
	Street Address	
	City State	Zip Code
the State's Att		please either file an objection or notify this office that and therefore does not file an objection.
	Date	Clerk/Deputy Clerk

	• •	xpungement of Juvenile Records in the above-
☐ The State's captioned ca		on for Expungement of Juvenile Records in the above-
	Date	Signature
		Name/Title
		Address
		City/State/Zip Code
		Telephone Number/ Fax Number/ E-mail Address
	This form is available electronical	ly through mdcourts.gov/forms/.

CC-JRE-004 (Rev. 01/2022)

Case No.

CERTIFICATE OF SERVICE

I certify that I served a copy of this notice upon the following party or parties by \Box mailing

first class mail, postage prepaid, \Box hand delivery, on ______ to: _____ Date

Name	Address
	City/ State/ Zip Code
Name	Address
	City/ State/ Zip Code
Date	Signature

This form is available electronically through mdcourts.gov/forms/.