



DISTRICT COURT OF MARYLAND FOR _____

Located at _____

Court Address _____

City/County _____

Telephone _____

Case No. _____

Date: _____

Agent for Animal Protection Enforcement _____

PETITION TO JOIN PROCEEDING FOR THE RETURN OF SEIZED ANIMAL(S)
(Criminal Law § 10-615.1)

On _____ the following animal(s) was/were seized by _____ :
Date _____ Animal Protection Enforcement Agency _____

Name(s) of Animal(s)

Description(s) of Animal(s)

Additional sheet(s) attached (if necessary).

Reason(s) for seizure: _____

The legal owner/custodian has filed a petition on _____, for return of the seized animal(s).
Date _____

I request to join the proceeding for the return of the animal(s) on behalf of _____ and
Agency in Possession _____
petition the court to order the payment of reasonable costs for care and any necessary medical expenses for the animal(s)
while in the agency's possession.

_____	Date	_____	Petitioner/Petitioner's Attorney Signature	_____	Attorney Number
_____	Fax	_____	_____	Printed Name	_____
_____	E-mail	_____	_____	Address	_____
_____	Telephone	_____	_____	City, State, Zip	_____

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) were served with a copy of this Petition to Join Proceeding for the Return of Seized Animal(s) 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
-------	------	-------	-----------	-------	-----------------

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).