



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

Located at \_\_\_\_\_ City/County \_\_\_\_\_  
Court Address \_\_\_\_\_ Telephone \_\_\_\_\_

Case No. \_\_\_\_\_

Date: \_\_\_\_\_

Agent for Animal Protection Enforcement \_\_\_\_\_

**PETITION FOR CONTINUED POSSESSION AND  
REASONABLE COSTS FOR CARE OF SEIZED LIVESTOCK  
(Criminal Law § 10-615.1)**

On \_\_\_\_\_ the following livestock animal(s) was/were seized from \_\_\_\_\_  
and is/are currently in the possession of \_\_\_\_\_ :  
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  has not filed a petition on \_\_\_\_\_ , for return of the seized  
livestock. I request to join the proceeding for the return of the livestock on behalf of \_\_\_\_\_  
and petition the court to order the payment of reasonable costs for care and any necessary medical expenses for the  
livestock while in the agency's possession.  
Date Agency in Possession

_____	_____	_____
Date	Petitioner/Petitioner's Attorney Signature	Attorney Number
_____	_____	_____
Fax	Printed Name	
_____	_____	_____
E-mail	Street 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 for Continued Possession and Reasonable Costs for Care of Seized Livestock 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).