☐ Mark this box if this form contains Restricted Inf	formation.
RYLAND FOR CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR City/County	
Located at Court Address	Telephone
UDICIN <sup>®4</sup> Court Address	Case No.
Petitioner VS.	Respondent
Street Address, Apt. No.	Street Address, Apt. No.
City, State, Zip	City, State, Zip
Home Telephone No. Work Telephone No.	Home Telephone No. Work Telephone No.
REQUEST TO SHIELD DENIED OR DISN	
(Family Law NOTE: Use this form to ask the court to shield from publi which the court <u>denied or dismissed</u> the case. Do NOT use court granted a final protective order. The court will sched If this submission contains Restricted Information (cor a Notice Regarding Restricted Information Pursuant to and check the Restricted Information box on this form.	nfidential by statute, rule or court order) you must file o Rule 20-201.1 (form MDJ-008) with this submission
On, the court den	nied or dismissed a Petition for Protection from
Domestic Violence at the $\Box$ interim $\Box$ temporary $\Box$ fina	al protective order stage.
<ul> <li>Check one:         <ul> <li>At least three (3) years have passed between the denial request to shield; OR □ I have attached a General Wa claims.</li> </ul> </li> <li>All of the following statements are true:         <ul> <li>The court has not previously issued a protective or peaproceeding between the petitioner and the respondent.</li> <li>The respondent has not been found guilty of a crime a</li> <li>At the time of the hearing there are no interim or temp the respondent in a proceeding between the petitioner</li> <li>At the time of the hearing there are no criminal charge alleged abuse against the petitioner.</li> </ul> </li> <li>I request that the court order the shielding of all court recombate</li> </ul>	aiver and Release (form CC-DC-077) of all related tort ace order against the respondent in any urising from abuse against the petitioner. porary protective or peace orders pending against and the respondent. es pending against the respondent arising from
Telephone	Address
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E-mail CERTIFICATE	E OF SERVICE
I certify that I served a copy of this petition upon the fo	blowing party or parties by $\Box$ mailing first-class
mail, postage prepaid $\Box$ hand delivery, on	Date to:
Name	Address
	City, State, Zip
Name	Address
	City, State, Zip
$\begin{array}{c} \text{Date} \\ \text{OR}  \Box \text{ I have filed the attached Motion for Service by C} \end{array}$	Signature or Party Serving Clerk (form CC-DC-DV-025).
Date CC-DC-DV-021A (Rev. 08/2024)	Signature RSHPO