



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

vs.

Petitioner

Respondent

REQUEST TO SHIELD CONSENTED-TO PROTECTIVE ORDER RECORDS (Family Law § 4-512(b)(2))

NOTE: Use this form to ask the court to shield from public inspection information in a protective order case in which the respondent agreed to the order without a trial. Do not use this form for peace order cases or in final protective order cases in which the court denied/dismissed the request. The court will schedule a hearing and notify you and the other party.

Check one:

- On _____, the respondent consented to a Petition for Protection from Domestic Violence; OR
Date
- On _____, the respondent consented to Petition for Protection from Domestic Violence AND is refiling this request more than one (1) year from a prior hearing to shield.
Date

Check one:

- At least three (3) years have passed since the consent to entry of the protective order; OR
- I have attached a General Waiver and Release form (CC-DC-077) of all related tort claims.

All of the following statements are true:

- ✓ The protective order has expired.
- ✓ The respondent did not violate the protective order.
- ✓ The court has not previously issued a final protective or peace order against this respondent in any proceeding between this petitioner and this respondent.
- ✓ The respondent has not been found guilty of a crime arising from abuse against this petitioner.
- ✓ At the time of the hearing there are no interim or temporary protective or peace orders pending against this respondent in a proceeding between this petitioner and this respondent.
- ✓ At the time of the hearing there are no criminal charges pending against this respondent arising from alleged abuse against this petitioner.

I request that the court order the shielding of all court records relating to the above-referenced proceeding.

_____ Date

_____ Petitioner / Respondent Signature

_____ Address

_____ City, State, Zip

_____ Telephone

CERTIFICATE OF SERVICE

I certify that I served a copy of this petition upon the following party or parties by mailing first class mail, postage prepaid hand delivery, on _____ to:

Date

_____ Name

_____ Address

_____ City, State, Zip

_____ Name

_____ Address

_____ City, State, Zip

_____ Date

_____ Signature of Party Serving

OR I have filed the attached Motion for Service by Clerk form (CC-DC-DV-025).

_____ Date

_____ Signature