



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND vs. _____
Defendant

CONFIDENTIAL SUPPLEMENT
(Request for Shielding of Information in Criminal Case)

Victim Victim's Representative Complainant Witness
requests shielding **due to:**

- threats to safety made by defendant or person(s) on defendant's behalf.
- act of violence by defendant or person(s) on defendant's behalf.
- a felony act or delinquent act that should be a felony if committed by an adult.
- a domestically related crime under Criminal Procedure § 6-233, or a delinquent act that would be a domestically related crime if committed by an adult.
- Other: _____

Victim/Victim's Representative/Complainant/Witness (Please print.)

Address

City, State, Zip

Telephone Number

Victim/Victim's Representative/Complainant/Witness (Please print.)

Address

City, State, Zip

Telephone Number

Victim/Victim's Representative/Complainant/Witness (Please print.)

Address

City, State, Zip

Telephone Number

Victim/Victim's Representative/Complainant/Witness (Please print.)

Address

City, State, Zip

Telephone Number

I solemnly affirm that the contents of this document are true to the best of my knowledge, information, and belief.

Date

Victim/Victim's Representative/Complainant/Witness Signature

Approved

Denied

Shielding Not Required

Date

Commissioner/Judge

ID Number

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address and place of employment of a victim or non-party witness is blocked. (Md. Rule 16-918)