



REPORTABLE

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND vs. Defendant _____ Address _____ City, State, Zip Telephone _____

DOCUMENT - WARRANT NO.

HOSPITAL WARRANT (Criminal Procedure § 3-121)

STATE OF MARYLAND, _____, City/County: TO ANY PEACE OFFICER, Greeting:

The Court has determined probable cause exists that the above named Defendant violated a conditional release under Title 3 of the Criminal Procedure Article § 3-121. You are hereby directed to apprehend and transport the Defendant to the _____, a facility designated by the Department of Health and Mental Hygiene, to await further proceedings. This warrant also shall be entered in the Defendant's criminal history record information of the Criminal Justice Information System.

_____, Date _____ Judge _____ ID Number _____

DESCRIPTION: Driver's License # _____ State _____ Race _____ Sex _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ DOB _____ FBI # _____ SID # _____ SSN _____ Complexion _____ Tattoos, Marks, Scars _____ Other _____ Given to Law Enforcement Agency: _____ Name of Agency for Service _____

RETURN OF SERVICE

I certify that at _____ Time _____ AM PM on _____ Date _____ at _____ Place _____

_____, I executed this Hospital Warrant by taking the above named Defendant into custody and transporting said Defendant to the above named facility.

_____, Date _____ Signature of Peace Officer _____ ID Number _____

Note: Clerk to send a copy of the Hospital Warrant and Petition to the following parties:

- Defendant
State's Attorney's Office
Attorney / Public Defender
Department of Health and Mental Hygiene
Additional copies must be made and sent to:
Individual Reporting the Violation
Office of Administrative Hearings

Printed Name _____ Title _____ Address _____ City, State, Zip _____ Telephone _____ Fax _____ E-mail _____