☐ **CIRCUIT COURT** ☐ **DISTRICT COURT OF MARYLAND FOR** _____
City/County

Located at _____ Case No. _____
Court Address

REQUEST FOR ACCESS TO SHIELDED SECOND CHANCE ACT RECORD(S)
(Criminal Procedure §§ 10-302(b) and 10-303)

I, the undersigned, hereby request access to records shielded pursuant to Criminal Procedure Article §§ 10-302(b) and 10-303. In support of this Request, I state that I am:

☐ 1) a representative of a criminal justice unit and access is for legitimate criminal justice purposes

_____
Name and Address of Criminal Justice Unit

_____;
Telephone and E-mail of Criminal Justice Unit

☐ 2) a prospective or current employer or government licensing agency subject to a statutory or regulatory requirement or authorization to inquire into the criminal background of an applicant or employee for purposes of carrying out that requirement or authorization

_____
Name and Address of Employer or Government Licensing Agency

_____;
Telephone and E-mail of Employer or Government Licensing Agency

☐ 3) a person that is authorized or required to inquire into an individual's criminal background under § 5-561(b), (c), (d), (e), (f), or (g) of the Family Law Article;

☐ 4) the person who is the subject of the shielded record or that person's attorney;

☐ 5) an employee or representative of a Health Occupations Board established under the Health Occupations Article;

☐ 6) a member or agent of the Natalie M. LaPrade Medical Cannabis Commission established under Title 13, Subtitle 33 of the Health-General Article;

☐ 7) a person who uses volunteers who care for or supervise children;

☐ 8) a person who hereby attests under the penalty of perjury that the person employs or seeks to employ an individual to care for or supervise a minor or vulnerable adult, as defined in § 3-604 of the Criminal Law Article;

I hereby affirm under the penalties of perjury that I employ or seek to employ an individual to care for or supervise a minor or vulnerable adult, as defined in § 3-604 of the Criminal Law Article.

_____ Date _____ Signature

☐ 9) a person who is accessing a shielded record on behalf of and with written authorization from a person or governmental entity described in Items (1) through (8).

_____ Date _____ Signature

_____ Printed Name _____ Telephone Number Cell Phone Number

_____ Address _____ Fax

_____ City, State, Zip _____ E-mail

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on _____, a copy of this Request for Access to Shielded Second Chance
Date
Act Record(s) was served by ☐ hand delivery ☐ mailing first class mail, postage prepaid, to the following parties:

_____ Name _____ Address

_____ Name _____ Address

_____ Date _____ Signature

RULING FOR ACCESS TO SHIELDED SECOND CHANCE ACT RECORD(S)

Upon consideration of the aforegoing, access by the moving party (only) is hereby:

☐ Granted.

☐ Denied.

☐ Set for Hearing.

_____ Date _____ Judge _____ ID Number

Reset