DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND vs. _____ _____
Defendant D.O.B.

ID _____ AR _____

Document _____

FORM 4-503.3 APPLICATION FOR EXPUNGEMENT OF POLICE RECORD

1. On or about _____ (Date), I was arrested, detained, or confined by an officer of the _____ (Law Enforcement Agency), at _____, Maryland, as a result of the following incident _____
_____.

2. On or about _____ (Date), I was released without having been charged with a crime.

3. On or about _____ (Date), I requested the law enforcement agency to expunge my police record pertaining to the incident.

4. The above named law enforcement agency (check appropriate box):

☐ issued the attached Notice of Denial of Request for Expungement.

☐ failed to notify me of any action taken within 60 days after receipt of my Notice and Request for Expungement.

WHEREFORE, I request the Court to enter an Order of Expungement of all police records pertaining to my arrest, detention, or confinement, and all court records of these proceedings.

I solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief and that the arrest to which this application relates was not made for any nonincarcerable violation of the Transportation Article of the State of Maryland.

_____ Signature of Attorney _____ Date	_____ Signature of Defendant _____ Date
_____ Printed Name	_____ Printed Name
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Telephone	_____ Telephone

FORM 4-503.4 NOTICE OF HEARING

TO THE LAW ENFORCEMENT AGENCY SERVED HEREWITH:

A hearing on the foregoing Application for Expungement of Records has been set for _____ (Date) at _____ M. in the District Court for _____ City/County at _____, Maryland, at which time an Order for Expungement of Records may be entered.

If you wish to oppose the application, within 30 days after the service of this Notice of Hearing you must file and serve upon the applicant or the applicant's attorney of record an answer stating in detail your specific grounds for objection.

Issued this _____ day of _____ (Month), _____ (Year)

_____
Clerk

To request a foreign language interpreter or a reasonable accommodation under the American with Disabilities Act, please contact the court immediately. Possession and use of cell phones and other electronic devices may be limited or prohibited in designated areas of the court facility.

Reset