

Mark this box if this form contains Restricted Information.



**DISTRICT COURT OF MARYLAND FOR**

City/County

Located at

Court Address

Case No.

STATE OF MARYLAND

OR

Trial Date

Plaintiff

Defendant

Address

Address

City, State, Zip

City, State, Zip

**REQUEST**

**MDEC counties only: Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile), if this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.**

It is requested that:

Date

Signature

Printed Name

Address

Telephone

Fax

E-mail

**ORDER PURSUANT TO A REQUEST**

After consideration, the Request made by

on is:

Granted

Denied

Comments:

Date

Judge

ID Number