☐ Mark this box if this form contains Restricted Inf	ormation.
CIRCUIT COURT DISTRICT COURT	Γ OF MARYLAND FOR
Located at Court Address	City/County Telephone
Court Address	Case No.
Partition on VS.	D
retuoner	Respondent
Street Address, Apt. No.	Street Address, Apt. No.
City, State, Zip	City, State, Zip
Home Telephone No. REQUEST TO SHIELD DENIED OR DISM (Family Law § NOTE: Use this form to ask the court to shield from publi	ISSED PROTECTIVE ORDER RECORDS § 4-512(b)(1)) c inspection information in a protective order case in
which the court denied or dismissed the case. Do NOT use court granted a final protective order. The court will sched MDEC counties only: If this submission contains Restricular torder) you must file a Notice Regarding Restricted 008) with this submission, and check the Restricted Information. On	this form for peace order cases or in cases in which the ule a hearing and notify you and the other party. icted Information (confidential by statute, rule or ed Information Pursuant to Rule 20-201.1 (form MDJ rmation box on this form.
Domestic Violence at the \square interim \square temporary \square fina	ıl protective order stage.
 Check one: ☐ At least three (3) years have passed between the denial request to shield; OR ☐ I have attached a General Waclaims. 	or dismissal of the protective order and the filing of the liver and Release (form CC-DC-077) of all related tort
 ✓ The court has not previously issued a protective or pea proceeding between the petitioner and the respondent. ✓ The respondent has not been found guilty of a crime at At the time of the hearing there are no interim or temp the respondent in a proceeding between the petitioner at At the time of the hearing there are no criminal charge alleged abuse against the petitioner. I request that the court order the shielding of all court record 	rising from abuse against the petitioner. orary protective or peace orders pending against and the respondent. s pending against the respondent arising from
Date	Petitioner / Respondent Signature
Telephone	Address
E-mail CERTIFICATE	City, State, Zip
I certify that I served a copy of this petition upon the fo	
mail, postage prepaid hand delivery, on	Date to:
Name	Address
	City, State, Zip
Name	Address
	City, State, Zip
Date OR	Signature or Party Serving Clerk (form CC-DC-DV-025).
Date CC-DC-DV-021A (Rev. 03/2022)	Signature