

Mark this box if this form contains Restricted Information.



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Court Address Case No. _____

Name of Petitioner on Original Court Order vs. Name of Respondent on Original Court Order
 Street Address, Apt. No. Street Address, Apt. No.
 City, State, Zip City, State, Zip
 Home Telephone No. Work Telephone No. Home Telephone No. Work Telephone No.

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER
 (DESCRIPTION OF RESPONDENT)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.
MDEC counties only: 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.

**DESCRIPTION OF RESPONDENT
 (Alleged Abuser)**

Full Name:				Date of Birth:		Approximate Age:	
Race:	Sex:	Height:	Weight:	Hair Color:	Eye Color:	Skin Tone (Light/Medium/Dark):	
Scars, Tattoos (where on body and description):							
Home Address:							
City, State, Zip:							
Telephone/Cell Number:							
Employer:						Work Hours:	
Work Address:							
City, State, Zip:						Telephone Number:	
Vehicle Make:	Model/Color:		Year:	Tag #:	State:		
Weapons:							
Other locations or information about respondent:							

**PETITIONER
 (Person Requesting Assistance)**

Full Name:				Date of Birth:		Age:	
Race:	Sex:	Height:	Weight:				

INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED

Full Name:	Race:	Sex:	Date of Birth:	Weight:	Approx. Age:

Petitioner's Signature: _____ Date: _____

Petitioner's Telephone Number: _____