



CIRCUIT COURT FOR _____, MARYLAND

City/County

SITTING AS A JUVENILE COURT

Located at _____ Court Address

In The Matter of: _____
Respondent / Petitioner

* Case Number(s):

- * _____
- * _____
- * _____
- * _____
- * _____

DOB: _____

REQUEST FOR IDENTIFICATION OF VICTIM(S), FAMILY MEMBER(S) AND LAW ENFORCEMENT AGENCY(S)

TO: _____
State's Attorney for _____

Street Address

City State Zip Code

The enclosed Petition for Expungement of Juvenile Records has been filed in the above-captioned case.

By _____ please provide this office with the following information, as set out in your records in the above-captioned case.
Date

- "Victim" means a person against whom a delinquent act has been committed or attempted.
- "Family member" is an individual who: (1) is a family member of a victim, and (2) attended the adjudication in the above-captioned case.

See, Maryland Code, Courts and Judicial Proceedings Article, § 3-8A-27.1(a)(4), (b)(2)(ii).

A. Victim(s)

Name	Address

State's Attorney's records do not identify any victims.

This form is available electronically through mdcourts.gov/courtforms/.

Case No.

B. Family Member(s)

Name	Address

State's Attorney's records do not identify any family members.

C. Involved law enforcement agency(s); booking facility(s)

Name	Address	Report/Arrest Number

State's Attorney's records do not identify any law enforcement agency or booking facility.

..... Date Clerk/Deputy Clerk

Submitted by:

..... Date Signature

..... Name/Title

..... Address

..... City/State/Zip Code

..... Telephone Number/ Fax Number/ E-mail Address

This form is available electronically through mdcourts.gov/courtforms/.