

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.

PETITION TO MODIFY RESCIND EXTEND PROTECTIVE ORDER (Family Law § 4-507)

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.

I, _____, am the petitioner respondent in the above entitled case.

I ask this court to:

modify the Protective Order in this case dated _____ as follows:

My reasons are: _____

rescind the Protective Order in this case dated _____

My reasons are: _____

extend the Protective Order up to six (6) months for good cause.

My reasons are: _____

extend the Protective Order up to two (2) years due to a subsequent act of abuse. I want relief for myself minor child vulnerable adult from abuse by _____ Name

The respondent committed the following acts of abuse against _____ Name

on or about, _____ Date (check all that apply) by kicking punching

choking/strangling slapping shooting rape or other sexual offense (or attempt) hitting

with object stabbing shoving threats of violence mental injury of child detaining

against will stalking biting revenge porn other _____

The details of what happened are: _____ (Give specific details of what happened, when and where it happened, and any injuries sustained)

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date Signature

Fax Street Address (unless confidential)

E-mail City, State, Zip Home Telephone

Work Telephone

CERTIFICATE OF SERVICE

I certify that on the _____ day of _____, _____, I mailed a copy of this petition to:

Name and Address

Name and Address

Date Signature