



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

Located at \_\_\_\_\_

Court Address \_\_\_\_\_

City/County \_\_\_\_\_

Telephone \_\_\_\_\_

Case No. \_\_\_\_\_

Date: \_\_\_\_\_

Agent for Animal Protection Enforcement

**PETITION TO JOIN PROCEEDING FOR THE RETURN OF SEIZED ANIMAL(S)**  
**(Criminal Law § 10-615.1)**

On \_\_\_\_\_ the following animal(s) was/were seized by \_\_\_\_\_ :  
Date Animal Protection Enforcement Agency

Name(s) of Animal(s)

Description(s) of Animal(s)

Additional sheet(s) attached (if necessary).

Reason(s) for seizure: \_\_\_\_\_

The legal owner/custodian has filed a petition on \_\_\_\_\_, for return of the seized animal(s).  
Date

I request to join the proceeding for the return of the animal(s) on behalf of \_\_\_\_\_ and  
Agency in Possession  
petition the court to order the payment of reasonable costs for care and any necessary medical expenses for the animal(s)  
while in the agency's possession.

Date

Petitioner/Petitioner's Attorney Signature

Attorney Number

Fax

Printed Name

E-mail

Address

Telephone

City, State, Zip

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this petition upon all parties to this action by  mailing first-class mail, postage prepaid,  
 hand-delivery, on \_\_\_\_\_ to:  
Date

Name

Address

City, State, Zip

Name

Address

City, State, Zip

Date

Signature of Party Serving