



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ **Case No.** _____

Court Address

Plaintiff _____ vs. Defendant _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

**REQUEST TO REISSUE SUMMONS
(Md. Rule 2-113)**

I, _____, representing myself,
request to reissue the Writ of Summons for _____

to be served by private process certified mail-restricted delivery

Sheriff of _____ to the following address:
City/County

The name and last known address of the opposing party is:

Name

Address

City, State, Zip

Date

Signature

*If requesting service by sheriff, please provide the sheriff's mailing address,
and a check or money order made payable to that sheriff's office.*