



DISTRICT COURT OF MARYLAND FOR

(City/County)

LOCATED AT (COURT ADDRESS)

DISTRICT COURT
CASE NUMBER

DEFENDANT'S NAME (LAST, FIRST, M.I.)

MINOR VICTIM(S)

Page _____ of _____

NOTICE: DO NOT INCLUDE ANY IDENTIFYING INFORMATION OF A MINOR VICTIM WITHIN THIS FORM.

APPLICATION FOR STATEMENT OF CHARGES (CONTINUED)

Lined area for writing the statement of charges.

Effective 10.01.2024

_____ Date

_____ Applicant's Signature

_____ Printed Name

TRACKING NUMBER