Colcupt Court I	2.2.1.1.0.1 COOK	Ci	ty/County
Located at		Case No	
C	Court Address		
STATE OF MARYLAND	VS.	Defer	ndant
NOTIO			
FOR VICTI		REPRESENTATIVE and 20-109(b))	
Please enter my appearance for	Name	, the $\square$ victim $\square$ victim's representative	
Please grant me access per the Marylan are sealed or shielded under the Rules i			
Signature Attorno	ey Number	Address	
Date		City, State, Zip	
Printed Name		Telephone Number	
Firm Name		E-mail	Fax
Victim Attorney Number, if known:			
NOTICE TO CLERK: DO NOT enton management system. If the attorn blease enter that number.			
	CERTIFICATE OF	SERVICE	
certify that I served a copy of this not	ice upon the following	ng party or parties by $\Box$ $1$	nand delivery
☐ mailing first-class mail, postage pre	paid on	Date to:	
Name		Address	
		City, State	e, Zip
Name		Address	
	*****	City, State	e, Zip
Date		Signature of Party Serving/Attorney	

**MDJ-009** (Rev. 02/2023)