



DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND vs. Defendant _____ D.O.B. _____

ID _____ AR _____

Document _____

FORM 4-503.3 APPLICATION FOR EXPUNGEMENT OF POLICE RECORD

1. On or about _____ Date _____, I was arrested, detained, or confined by an officer of the _____ Law Enforcement Agency, at _____, Maryland, as a result of the following incident _____

2. On or about _____ Date _____, I was released without having been charged with a crime.

3. On or about _____ Date _____, I requested the law enforcement agency to expunge my police record pertaining to the incident.

4. The above named law enforcement agency (check appropriate box):

- issued the attached Notice of Denial of Request for Expungement.
 failed to notify me of any action taken within 60 days after receipt of my Notice and Request for Expungement.

WHEREFORE, I request the Court to enter an Order of Expungement of all police records pertaining to my arrest, detention, or confinement, and all court records of these proceedings.

I solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief and that the arrest to which this application relates was not made for any nonincarcerable violation of the Transportation Article of the State of Maryland.

Signature of Attorney Attorney Number Date
Printed Name
Address
City, State, Zip
Telephone

Signature of Defendant Date
Printed Name
Address
City, State, Zip
Telephone

FORM 4-503.4 NOTICE OF HEARING

TO THE LAW ENFORCEMENT AGENCY SERVED HEREWITH:

A hearing on the foregoing Application for Expungement of Records has been set for _____ Date _____ at _____ M. in the District Court for _____ City/County at _____, Maryland, at which time an Order for Expungement of Records may be entered.

If you wish to oppose the application, within 30 days after the service of this Notice of Hearing you must file and serve upon the applicant or the applicant's attorney of record an answer stating in detail your specific grounds for objection.

Issued this _____ day of _____ Month _____, _____ Year

_____ Clerk

To request a foreign language interpreter or a reasonable accommodation under the American with Disabilities Act, please contact the court immediately. Possession and use of cell phones and other electronic devices may be limited or prohibited in designated areas of the court facility.