

Mark this box if this form contains Restricted Information.

MARYLAND JUDICIARY CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County
Located at _____ Telephone _____
Court Address _____ Case No. _____

NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm.

Name of Petitioner on Original Court Order _____ VS. Name of Respondent on Original Court Order _____
Street Address, Apt. No. _____ Street Address, Apt. No. _____
City, State, Zip _____ Home _____ City, State, Zip _____ Home _____
E-mail _____ Work _____ Telephone _____ E-mail _____ Work _____ Telephone _____

PETITION FOR CONTEMPT (Violation of Protective Order)

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

I, _____, state that:

1. On _____ Name _____ the court ordered the following:
Date _____

OR
 a copy of a protective order issued by the following out-of-state (or Native American) court: _____ was filed with this court.

2. Regarding that court order, I am the petitioner respondent other (explain) _____

3. _____ Name of Violator _____ has violated the court order as follows: (state in detail when, where, and how the violation occurred) _____

I request the court grant an order finding that _____ Name of Violator _____ is in contempt of court and grant any other relief necessary in this case.

I request that the court send the respondent to jail until the court's order is obeyed.

Date _____ Signature _____
Telephone Number _____ Fax _____ Printed Name _____
E-mail _____ Street Address (unless confidential) _____
City, State, Zip _____

CERTIFICATE OF SERVICE

I certify that I served a copy of this petition upon the following party or parties by mailing first-class mail, postage prepaid hand delivery, on _____ Date _____ to:

Name _____ Address _____
City, State, Zip _____

Name _____ Address _____
City, State, Zip _____

Date _____ Signature of Party Serving _____

DESCRIPTION OF ALLEGED VIOLATOR

Home Address: _____
Home Telephone: _____ Work Address: _____
Work Telephone: _____ Employer: _____
Work Hours: _____ Other Places/Times They Can Be Found: _____
DESCRIPTION: Driver's License # _____ State _____ Race _____ Sex _____ Ht _____
Wt _____ Hair _____ Eyes _____ DOB _____ FBI # _____ SID # _____
Complexion _____ Tattoos, Marks, Scars _____ Other _____