



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

STATE OF MARYLAND OR

Plaintiff vs. Defendant  
**PETITION TO SEAL OR OTHERWISE LIMIT INSPECTION OF A CASE RECORD**  
**(Md. Rule 16-934(b)(1)(A))**

**NOTICE TO CLERK: You must deny inspection of the case record, including this petition, for a period not to exceed five business days, including the filing date. Rule 16-934(c). Immediately upon docketing, this petition is to be delivered to a judge for consideration. Rule 16-934(c)(2).**

I petition, under Md. Rule 16-934(b)(1)(A), and on the grounds and authorities stated below, to seal or otherwise limit inspection of the following records, or parts of records, that are not otherwise shielded from inspection under the Rules or other applicable law.

My name is \_\_\_\_\_, and I am  a party to this action.  a person who is a subject of or is specifically identified in the case.

The specific records or parts of records that should not be subject to public inspection are:

The specific facts why these records or parts of records should be prevented or limited from public inspection are:

I  do  do not believe that immediate, substantial and irreparable harm will result to me or the person I am seeking relief on behalf of if these records, or parts of records, are not immediately sealed, or immediately made unavailable for public inspection, before a full adversary hearing can be held. If I believe such harm will result, the specific reasons for my belief are: \_\_\_\_\_

**AFFIDAVIT**

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____	_____	_____
Date	Signature	Attorney Number
_____	_____	_____
Printed Name	*Telephone Number	
_____	_____	_____
*Address	*Fax	
_____	_____	_____
*City, State, Zip	*E-mail	

Please attach any additional pages that you need. **(NOTE: You must be specific in your identification of information to be sealed, including identifying specifically which documents or portions thereof you believe should be sealed. You also must be specific in stating your reasons why you believe the case record, part of a case record, or information contained in a case record is confidential and not subject to inspection.)**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this petition upon all parties to the action and each identifiable person who is a subject of the case record by  mailing first-class mail, postage prepaid  hand delivery, on \_\_\_\_\_ to: \_\_\_\_\_ Date \_\_\_\_\_

_____	_____
Name	Address
_____	_____
Name	City, State, Zip
_____	_____
Name	Address
_____	_____
Date	City, State, Zip
_____	_____
Date	Signature of Party Serving

\*You can redact or remove your address and/or contact information on the copy served to the other party(ies).  
**NOTICE TO ALL PERSONS:** Unless someone requests a hearing, this petition will be decided by a judge without a hearing.