



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
STATE OF MARYLAND Court Address
vs. Defendant

**CONFIDENTIAL SUPPLEMENT
(Request for Shielding of Information)**

Victim Requests Shielding Complainant Requests Shielding Witness Requests Shielding

Due to: Threats to Safety Made by Defendant or Person(s) on Defendant's Behalf
 Act of Violence by Defendant or Person(s) on Defendant's Behalf
 Other _____

Victim/Complainant/Witness (Please print.)
Address
City, State, Zip
Telephone Number

Victim/Complainant/Witness (Please print.)
Address
City, State, Zip
Telephone Number

Victim/Complainant/Witness (Please print.)
Address
City, State, Zip
Telephone Number

Victim/Complainant/Witness (Please print.)
Address
City, State, Zip
Telephone Number

I solemnly affirm that the contents of this confidential supplement request are true to the best of my knowledge, information, and belief.

_____ Date

_____ Victim/Complainant/Witness Signature

Approved Denied Shielding Not Required

_____ Date

_____ Commissioner/Judge I.D. Number

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address and place of employment of a victim or non-party witness is blocked. (Md. Rule § 16-909)