



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR ..... City/County

Located at ..... Case No. ....  
Court Address

..... VS. ....  
Petitioner Respondent

**PEACE ORDER ADDENDUM**

**Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Peace Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.**

**DESCRIPTION OF RESPONDENT**  
 (Provided by Petitioner)

|  |              |         |         |                       |                     |                                |  |
|--|--------------|---------|---------|-----------------------|---------------------|--------------------------------|--|
| <b>Full Name:</b>                                |              |         |         | <b>Date of Birth:</b> |                     | <b>Approximate Age:</b>        |  |
| <b>Race:</b>                                     | <b>Sex:</b>  | Height: | Weight: | Hair Color:           | Eye Color:          | Skin Tone (Light/Medium/Dark): |  |
| Scars, Tattoos (where on body and description):  |              |         |         |                       |                     |                                |  |
| Home Address:                                    |              |         |         |                       |                     |                                |  |
| City, State, Zip:                                |              |         |         |                       |                     |                                |  |
| Telephone/Cell Number:                           |              |         |         |                       |                     |                                |  |
| Employer:  |              |         |         |                       |                     | Work Hours:                    |  |
| Work Address:                                    |              |         |         |                       |                     |                                |  |
| City, State, Zip:                                |              |         |         |                       |                     | Telephone Number:              |  |
| Vehicle Make:                                    | Model/Color: | Year:   | Tag #:  | State:                | Driver's License #: |                                |  |
| Weapons:   |              |         |         |                       |                     |                                |  |
| Other locations or information about Respondent: |              |         |         |                       |                     |                                |  |
|  |              |         |         |                       |                     |                                |  |
|  |              |         |         |                       |                     |                                |  |

**PETITIONER**  
 (Person Requesting Assistance)

|                   |             |         |         |                       |  |                         |  |
|-------------------|-------------|---------|---------|-----------------------|--|-------------------------|--|
| <b>Full Name:</b> |             |         |         | <b>Date of Birth:</b> |  | <b>Approximate Age:</b> |  |
| <b>Race:</b>      | <b>Sex:</b> | Height: | Weight: |                       |  |                         |  |

Petitioner's Signature ..... Date .....