



RECEIPT
THE DISTRICT COURT OF MARYLAND



DISTRICT NO. _____

FOR

STATE OF MARYLAND

No. _____ **DATE** _____ **CASE NO.** _____

RECEIVED FROM _____

ADDRESS _____

ON BEHALF OF _____

THE SUM OF _____ **FOR** _____

COSTS	FINES	BAIL/BOND
CIVIL FILING <input type="checkbox"/>	TRAFFIC <input type="checkbox"/>	CORPORATE <input type="checkbox"/>
CRIMINAL COST <input type="checkbox"/>	CRIMINAL <input type="checkbox"/>	CASH <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	PERCENT _____ <input type="checkbox"/>

REMARKS _____

PAID BY: CASH
 CHECK
 M.O.

NOTE: If bond, it will continue in effect for 30 days unless you request an immediate discharge.

APPEARANCE IN COURT IS SET FOR: _____ TITLE _____

DATE _____ AT _____ TIME _____