

Transmittal/Certificate _	
No.:	
Date:	

DISTRICT COURT OF MARYLAND RECEIPT FOR TRANSFER OF RECORDS

files beginning with file no	RECORDS CONSIST OF:	J	boxes of (specify type)	
through				
Microfilm reel no		ending with file no.	, for period	
files (specify type) nothrough		through		
through	Γ	Microfilm reel no	through	
through cases (specify type) for the period through cases (specify type) for the period through cases (specify type) for the period			files (specify type) no	through
Reel-to-reel tapes nothrough cases (specify type) for the period through cases (specify type) for the period cases (specify type) for the period cases (specify type) for the period through cases (specify type) for the period			for period	
cases (specify type) for the period		through		
through through cases (specify type) for the period through cases (specify type) for the period through City/County located at	[Reel-to-reel tapes no	through	
Cassette tapes no			cases (specify type) for the period _	
SENT BY: District Court for City/County located at District Court Records Center. Records Management Division, State Records Management Center. Date: By: Printed Name		through		
period		Cassette tapes no	through	
SENT BY: District Court for City/County located at District Court Records Center. Date: By: By: Printed Name			cases (specif	Ty type) for the
located at District Court Records Center. Records Management Division, State Records Management Center. Date: By: Printed Name		period	through	
located at District Court Records Center. Records Management Division, State Records Management Center. Date: By: Printed Name	SENT BY: District Court for	r		. City/County,
☐ Records Management Division, State Records Management Center. Date: By:				
Date: By:	☐ District Court Re	ecords Center.		
	☐ Records Manage	ment Division, State Record	ls Management Center.	
	Date:	Bv·		
If records are delivered by District Court personnel, person responsible for delivery must date and sign here:				
	•	1		n here:
Date: By: Authorized Signature Printed Name	Date:	By:	orized Signature Printed Name	
RECEIVED BY: District Court District, For City/County	RECEIVED BY: District Co			City/County,
located at				
☐ District Court Records Center.	☐ District Co	urt Records Center.		
Records Management Division, State Records Management Center.			•	
☐ Hall of Records Commission, Maryland State Archives.	☐ Hall of Rec	cords Commission, Maryland	d State Archives.	
Date: By: Printed Name	Date:	By:	Signature Printed Name	

NOTE: Records transmittal (DGS-RM-11) listing box and file numbers must be attached.