



Transmittal/Certificate \_\_\_\_\_

No.: \_\_\_\_\_

Date: \_\_\_\_\_

### DISTRICT COURT OF MARYLAND RECEIPT FOR TRANSFER OF RECORDS

- RECORDS CONSIST OF:
- \_\_\_\_\_ boxes of (specify type) \_\_\_\_\_ files beginning with file no. \_\_\_\_\_ and ending with file no. \_\_\_\_\_, for period \_\_\_\_\_ through \_\_\_\_\_
  - Microfilm reel no. \_\_\_\_\_ through \_\_\_\_\_ files (specify type) no. \_\_\_\_\_ through \_\_\_\_\_ for period \_\_\_\_\_ through \_\_\_\_\_
  - Reel-to-reel tapes no. \_\_\_\_\_ through \_\_\_\_\_ cases (specify type) for the period \_\_\_\_\_ through \_\_\_\_\_
  - Cassette tapes no. \_\_\_\_\_ through \_\_\_\_\_ cases (specify type) for the period \_\_\_\_\_ through \_\_\_\_\_

- SENT BY:  District Court for \_\_\_\_\_ City/County, located at \_\_\_\_\_
- District Court Records Center.
- Records Management Division, State Records Management Center.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Signature Printed Name

If records are delivered by District Court personnel, person responsible for delivery must date and sign here:

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Signature Printed Name

- RECEIVED BY:  District Court \_\_\_\_\_ District, For \_\_\_\_\_ City/County, located at \_\_\_\_\_
- District Court Records Center.
- Records Management Division, State Records Management Center.
- Hall of Records Commission, Maryland State Archives.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Signature Printed Name

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