

**DISTRICT COURT OF MARYLAND FOR**

City/County

Located at

Court Address

Case No.

vs.

Plaintiff/Petitioner

Defendant/Respondent

**CIVIL APPEAL/REQUEST FOR TRANSCRIPT
(APPL) (TRSC)**

To the Clerk:

Please note an appeal in the case referenced above for: ☐ trial decision dated☐ outcome of motion hearing dated ☐ denial of motion dated

Appellant is the in the said case:

☐ District Court cost of \$10 enclosed. (Not applicable to domestic violence appeals.)☐ Advance circuit court filing fee and surcharge enclosed:☐ Domestic violence case \$0☐ Application for Expungement of Police Records \$115☐ Maryland Second Chance Act Shielding \$115☐ Other \$165 (checks made payable to Circuit Court)☐ Appellant, as an indigent, seeks a waiver of costs. (CC-DC-092 – Request for Waiver of Appellate Costs / CC-DC-091 – Request for Waiver of Costs for Assembling the Record for an Appeal)☐ Appellant is represented by Maryland Legal Aid, attorney or other eligible legal services corporation, and therefore, exempt from filing fee.☐ My claim exceeds \$5,000 and I am enclosing a deposit of \$75 for the required transcript.

NOTE: On appeal, a transcript of the District Court proceeding is required when the claim amount exceeds \$5,000 exclusive of interest, costs, and attorney's fees. The cost is \$3 per page for an original transcript and one copy. A deposit of \$75 is required when the transcript is requested. You will be billed for the balance. The appeal will not be forwarded until all costs, including the cost of the transcript, have been paid in full.

Date

Signature of Appellant/Attorney/Attorney Code

Attorney Number

Telephone Number

Printed Name

Fax

Street Address

E-mail

City, State, Zip

CERTIFICATE OF SERVICE

I certify that I served a copy of this motion upon the following party or parties by ☐ mailing first-class mail, postage prepaid ☐ hand delivery, on _____ to:

Date

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Date

Signature of Party Serving