



MARYLAND CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____

Court Address

Telephone _____

Case No. _____

Plaintiff _____

vs.

Defendant _____

Street Address _____

Street Address _____

City, State, Zip _____

City, State, Zip _____

**REQUEST TO REISSUE SUMMONS
(Md. Rule 2-113)**

I, _____, representing myself,
request to reissue the Writ of Summons for _____

to be served by private process certified mail-restricted delivery

Sheriff of _____ to the following address:
City/County

The name and last known address of the opposing party is:

Name

Street Address

City, State, Zip

Date

Signature

Street Address

Printed Name

City, State, Zip

E-mail

Telephone Number

Fax

If requesting service by sheriff, please provide the sheriff's mailing address, and a check or money order made payable to that sheriff's office