

Mark this box if this form contains Restricted Information.



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

Name of Petitioner on Original Court Order vs. Name of Respondent on Original Court Order

Address Address

City, State, Zip City, State, Zip

Home Telephone No. Work Telephone No. Home Telephone No. Work Telephone No.

**GENERAL WAIVER AND RELEASE
(CJ § 3-1510(c) or FL § 4-512(c))**

If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

I, _____, hereby release and forever discharge petitioner respondent _____ and any _____ Name and all other persons from any and all tort claims which I may have relating to this proceeding, and any tort claims that may arise out of this proceeding.

This General Waiver and Release is conditioned on the shielding of the court record and compliance with Annotated Code of Maryland, Courts and Judicial Proceedings Article § 3-1510 or Family Law Article § 4-512 as applicable, and shall be void if these conditions are not met.

Date

Signature

Printed Name

Address

City, State, Zip

Home Telephone No. Work Telephone No.