☐ Mark this box if this form contains l	Restricted Information.		
~ CIRCUIT COURT ☐ DISTRIC	T COURT OF MARYLAND FOR	City/County	
Court A	Case No	• •	
Court A			
Petitioner	Respondent		
Street Address, Apt. No.	Street Address, Apt. No.	Street Address, Apt. No.	
City, State, Zip	City, State, Zip	City, State, Zip	
Home Telephone No. Work Telephone No.	Home Telephone No.	Home Telephone No. Work Telephone No.	
REQUEST TO SHIEL If this submission contains Restricted Info must file a Notice Regarding Restricted In this submission, and check the Restricted I	nformation Pursuant to Rule 20-	, rule or court order) you	
I hereby certify I filed a Request to Shield Protective Order Records and I was unable to serve a copy of the Request to Shield Protective Order Records on the original petitioner because the petitioner's address is confidential			
and			
I hereby request the court order the clerk Order Records, and this Motion for Serv	-		
Date	Respon	dent Signature	
	Prir	nted Name	
		Address	
	City	, State, Zip	
	Teleph	none Number	
		Fax	
		E-mail	
ORDER FOR SERVICE BY CLEF	K TO SHIELD PROTECTIV	E ORDER RECORDS	
After consideration of the Motion for Service	e by Clerk, it is hereby <b>ORDERE</b>	D:	
☐ the clerk serve a copy of the Request for Service by Clerk, along with the not		~ ~	
<u></u>			
Date CC-DC-DV-025 (Rev. 08/2024)	Judge	ID Number <b>MOTIO</b>	