



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____ Case No. _____

Court Address

**REQUEST FOR ACCESS TO SHIELDED SECOND CHANCE ACT RECORD(S)
(Criminal Procedure §§ 10-302(b) and 10-303)**

I, the undersigned, request access to records shielded pursuant to Criminal Procedure Article §§ 10-302(b) and 10-303. In support of this request, I state that I am:

- 1) a representative of a criminal justice unit and access is for legitimate criminal justice purposes

Name and Address of Criminal Justice

Telephone and E-mail of Criminal Justice ;

- 2) a prospective or current employer or government licensing agency subject to a statutory or regulatory requirement or authorization to inquire into the criminal background of an applicant or employee for purposes of carrying out that requirement or authorization

Name and Address of Employer or Government Licensing Agency

Telephone and E-mail of Employer or Government Licensing Agency

- 3) a person that is authorized or required to inquire into an individual's criminal background under § 5-561(b), (c), (d), (e), (f), or (g) of the Family Law Article;
- 4) the person who is the subject of the shielded record or that person's attorney;
- 5) an employee or representative of a Health Occupations Board established under the Health Occupations Article;
- 6) a member or agent of the Natalie M. LaPrade Medical Cannabis Commission established under Title 13, Subtitle 33 of the Health-General Article;
- 7) a person who uses volunteers who care for or supervise children;
- 8) a person who hereby attests under the penalty of perjury that the person employs or seeks to employ an individual to care for or supervise a minor or vulnerable adult, as defined in § 3-604 of the Criminal Law Article;

I hereby affirm under the penalties of perjury that I employ or seek to employ an individual to care for or supervise a minor or vulnerable adult, as defined in § 3-604 of the Criminal Law Article.

Date

Signature

- 9) a person who is accessing a shielded record on behalf of and with written authorization from a person or governmental entity described in Items (1) through (8).

Date

Signature

Attorney Number

Printed Name

Telephone

Cell Phone Number

Street Address

Fax

City, State, Zip

E-mail

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Request for Access to Shielded Second Chance Act Record(s) as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).

RULING FOR ACCESS TO SHIELDED SECOND CHANCE ACT RECORD(S)

Upon consideration of the foregoing, access by the moving party (only) is hereby:

- Granted.
- Denied.
- Set for Hearing.

Date Judge ID Number