



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

Street Address, Apt. No. Home \_\_\_\_\_ Street Address, Apt. No. Home \_\_\_\_\_

City, State, Zip Work Telephone \_\_\_\_\_ City, State, Zip Work Telephone \_\_\_\_\_

**PETITION TO  MODIFY  RESCIND  EXTEND PROTECTIVE ORDER (Family Law § 4-507)**

I, \_\_\_\_\_, am the  petitioner  respondent in the above entitled case.

I ask this court to:

modify the Protective Order in this case dated \_\_\_\_\_ as follows:

My reasons are: \_\_\_\_\_

rescind the Protective Order in this case dated \_\_\_\_\_

My reasons are: \_\_\_\_\_

extend the Protective Order up to six (6) months for good cause.

My reasons are: \_\_\_\_\_

extend the Protective Order up to two (2) years due to a subsequent act of abuse. I want relief for

myself  minor child  vulnerable adult from abuse by \_\_\_\_\_ Name

The respondent committed the following acts of abuse against \_\_\_\_\_ Name

on or about, \_\_\_\_\_ (check all that apply) by  kicking  punching

choking/strangling  slapping  shooting  rape or other sexual offense (or attempt)  hitting with object  stabbing  shoving  threats of violence  mental injury of child  detaining against will  stalking  biting  revenge porn  other \_\_\_\_\_

The details of what happened are: \_\_\_\_\_ (Give specific details of what happened, when and where it happened, and any injuries sustained)

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Street Address (unless confidential)

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
Telephone \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, I mailed a copy of this petition to:

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature