

Mark this box if this form contains Restricted Information.



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_

Court Address \_\_\_\_\_ Case No. \_\_\_\_\_

**NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm.**

vs.

Name of Petitioner on Original Court Order \_\_\_\_\_

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)**

**MDEC counties only: 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, \_\_\_\_\_, 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

\_\_\_\_\_  
Home

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

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

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this petition upon the following party or parties by mailing  first-class mail, postage prepaid  hand delivery, on \_\_\_\_\_ to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party Serving