



DISTRICT COURT OF MARYLAND FOR _____

Located at _____

Court Address

City/County _____

Telephone _____

Case No. _____

Date: _____

Agent for Animal Protection Enforcement

PETITION TO JOIN PROCEEDING FOR THE RETURN OF SEIZED ANIMAL(S)
(Criminal Law § 10-615.1)

On _____ the following animal(s) was/were seized by _____ :
Date Animal Protection Enforcement Agency

Name(s) of Animal(s)

Description(s) of Animal(s)

Additional sheet(s) attached (if necessary).

Reason(s) for seizure: _____

The legal owner/custodian has filed a petition on _____, for return of the seized animal(s).
Date

I request to join the proceeding for the return of the animal(s) on behalf of _____ and
Agency in Possession
petition the court to order the payment of reasonable costs for care and any necessary medical expenses for the animal(s)
while in the agency's possession.

Date Petitioner/Petitioner's Attorney Signature Attorney Number

Fax Printed Name

E-mail Address

Telephone City, State, Zip

CERTIFICATE OF SERVICE

I certify that I served a copy of this petition upon all parties to this action by mailing first-class mail, postage prepaid,
 hand-delivery, on _____ to:
Date

Name Address

City, State, Zip

Name Address

City, State, Zip

Date Signature of Party Serving