DISTRICT COURT OF MARYLAND FOR		
Located at Court Address		
Court Address	Case No.	
Agent for Animal Protection Enforcement	Date:	
REASONABLE COSTS FOR	NUED POSSESSION AND CARE OF SEIZED LIVESTOCK ₋aw § 10-615.1)	
Dn the following livestock animal(s) was/were seized from	
Date and is/are currently in the possession of		
	Animal Protection Enforcement Agency	
Name(s) of Animal(s)	Description(s) of Anin	
Additional sheet(s) attached (if necessary).		
The legal owner/custodian \Box has \Box has not filed a petition	n on, f	or return of the seize
ivestock. I request to join the proceeding for the return of	the livestock on behalf of Agenc	y in Possession
and petition the court to order the payment of reasonable converted while in the agency's possession.	osts for care and any necessary medical e	expenses for the
Date	Petitioner/Petitioner's Attorney Signature	Attorney Number
Date	Petitioner/Petitioner's Attorney Signature Printed Name	Attorney Number
		Attorney Number
Fax E-mail	Printed Name Address	Attorney Number
Fax E-mail Telephone	Printed Name	Attorney Number
Fax E-mail Telephone CERTIFICA certify that I served a copy of this petition upon all parties	Printed Name Address City, State, Zip TE OF SERVICE	
Fax E-mail Telephone CERTIFICA Certify that I served a copy of this petition upon all parties hand-delivery, on to:	Printed Name Address City, State, Zip TE OF SERVICE	-
Fax E-mail Telephone CERTIFICA certify that I served a copy of this petition upon all parties hand-delivery, on	Printed Name Address City, State, Zip TE OF SERVICE s to this action by \Box mailing first-class n	nail, postage prepaid
Fax E-mail Telephone CERTIFICA certify that I served a copy of this petition upon all parties hand-delivery, on	Printed Name Address City, State, Zip TE OF SERVICE s to this action by Address Address	nail, postage prepaid
Fax E-mail Telephone CERTIFICA I certify that I served a copy of this petition upon all parties hand-delivery, on	Printed Name Address City, State, Zip TE OF SERVICE s to this action by Address Address City, State, Zi	nail, postage prepaid
Fax E-mail Telephone CERTIFICA I certify that I served a copy of this petition upon all parties hand-delivery, on	Printed Name Address City, State, Zip TE OF SERVICE s to this action by Address City, State, Zi City, State, Zi Address	nail, postage prepaid