



DISTRICT COURT OF MARYLAND FOR

City/County

Located at

Court Address

Case No.

vs.

Plaintiff/Petitioner

Defendant/Respondent

CIVIL APPEAL/REQUEST FOR TRANSCRIPT (APPL) (TRSC)

To the Clerk:

Please note an appeal in the case referenced above for: [] trial decision dated [] outcome of motion hearing dated [] denial of motion dated

Appellant is the in the said case:

- [] District Court cost of \$10 enclosed. (Not applicable to domestic violence appeals.)
[] Advance circuit court filing fee and surcharge enclosed:
[] Domestic violence case \$0 [] Application for Expungement of Police Records \$115
[] Maryland Second Chance Act Shielding \$115 [] Other \$165 (checks made payable to Circuit Court)
[] Appellant, as an indigent, seeks a waiver of costs. (CC-DC-092 - Request for Waiver of Appellate Costs / CC-DC-091 - Request for Waiver of Costs for Assembling the Record for an Appeal)
[] Appellant is represented by Maryland Legal Aid, attorney or other eligible legal services corporation, and therefore, exempt from filing fee.
[] My claim exceeds \$5,000 and I am enclosing a deposit of \$75 for the required transcript.

NOTE: On appeal, a transcript of the District Court proceeding is required when the claim amount exceeds \$5,000 exclusive of interest, costs, and attorney's fees. The cost is \$3 per page for an original transcript and one copy. A deposit of \$75 is required when the transcript is requested. You will be billed for the balance. The appeal will not be forwarded until all costs, including the cost of the transcript, have been paid in full.

Form with fields for Date, Telephone Number, Fax, E-mail, Signature of Appellant/Attorney, Printed Name, Street Address, City, State, Zip, and Attorney Number.

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) were served with a copy of this Civil Appeal /Request for Transcript as indicated:

Person served (note if attorney):

Address of the person served:

Service method: [] first-class mail on [] hand delivery on

[] 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

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

Form with fields for Date, Signature, and Attorney Number.

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