



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County \_\_\_\_\_

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

Court Address \_\_\_\_\_

Case No. \_\_\_\_\_

Landlord \_\_\_\_\_

vs.

Tenant \_\_\_\_\_

**REQUEST TO SHIELD COURT RECORDS RELATED TO REPOSSESSION OF RESIDENTIAL PROPERTY FOR FAILURE TO PAY RENT (Real Property § 8-502)**

**NOTE:** Use this form to ask the court to shield a case record for failure to pay rent if the failure to pay rent was caused by a loss of income due to the COVID-19 pandemic and the case was filed on or after March 5, 2020 and before January 1, 2022.

I, \_\_\_\_\_ am the tenant in the above case which was filed on \_\_\_\_\_

Name of Tenant

Date

by \_\_\_\_\_

Name of Landlord

The failure to pay rent was due to a loss of income arising out of the COVID-19 pandemic and the appeal period has expired.

A judgment for repossession of the rental property was granted in favor of the landlord on \_\_\_\_\_

Date

A judgment for repossession of the rental property was not granted in favor of the landlord.

A judgment for money was entered on \_\_\_\_\_ . The judgment was satisfied on \_\_\_\_\_

Date

Date

I request that the court order the shielding of all court records relating to the above-referenced proceeding.

\_\_\_\_\_ Date

\_\_\_\_\_ Petitioner Signature

\_\_\_\_\_ Telephone No.

\_\_\_\_\_ Address

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

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

**CERTIFICATE OF SERVICE**

**NOTE:** You must serve a copy of this request upon the landlord if a judgment was granted in the landlord's favor at the hearing for failure to pay rent.

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:

Date

\_\_\_\_\_ Name

\_\_\_\_\_ Address

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

\_\_\_\_\_ Name

\_\_\_\_\_ Address

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Petitioner/Attorney

\_\_\_\_\_ Attorney Number