DISTRICT COURT OF MARYLA	AND FOR
	City/County
Located at	Telephone
	Case Number
	VS Tenant
Landlord	Tenant
PETITION TO SHIELD	D A FAILURE TO PAY RENT ACTION RECORD (Real Property § 8-503)
<b>NOTE:</b> Only use this form if the	e failure to pay rent case was filed on or after October 1, 2024.
I,, am	the tenant in the above case filed against me on
Name of Tenant (This date must be on or after October 1, 20	Date
	rty was granted in favor of the landlord on
	Date
	st twelve (12) months have passed since the final resolution of the proceeding.
OR	
Other good cause to smeld:	
I request that the court order the shielding of a	ll court records relating to the above-referenced proceeding.
Date	Petitioner/Tenant Signature
Telephone Number	Printed Name
E-mail	Street Address
Fax	City, State, Zip
CI	ERTIFICATE OF SERVICE
NOTE: You must serve a copy of this request I certify that I served a copy of this petition up prepaid, □ hand delivery, on	bon the following party or parties by $\Box$ mailing first-class mail, postage
Name	Street Address
	City, State, Zip
Name	Street Address
	City, State, Zip
Date	Signature of Petitioner/Tenant/Attorney Attorney Number
DC-CV-119 (10/2024)	