



COURT OF APPEALS  COURT OF SPECIAL APPEALS

CIRCUIT COURT  DISTRICT COURT FOR \_\_\_\_\_

City/County

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

Court Address

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

STATE OF MARYLAND

vs.

Defendant

**NOTICE OF ENTRY OF APPEARANCE  
FOR VICTIM OR VICTIM'S REPRESENTATIVE  
(Md. Rules 1-326(d) and 20-109(b))**

Please enter my appearance for \_\_\_\_\_, the  victim  victim's representative.  
Name

Please grant me access per the Maryland Rules to all case records in the action, other than case records that are sealed or shielded under the Rules in Title 16, Chapter 900, or subject to a protective order.

Signature

Attorney (CPF) Number

Address

Date

City, State, Zip

Printed Name

Telephone Number

Firm Name

E-mail

Fax

Victim Attorney Number, if known: \_\_\_\_\_

**NOTICE TO CLERK: DO NOT enter the Attorney Number (formerly CPF ID No.) into the case management system. If the attorney for the victim provides the "Victim Attorney Number," please enter that number.**

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this notice upon the following party or parties by  hand delivery

mailing first-class mail, postage prepaid on \_\_\_\_\_ to:  
Date

Name

Address

City, State, Zip

Name

Address

City, State, Zip

Date

Signature of Party Serving/Attorney