MAR	$\stackrel{\scriptscriptstyle{\mathrm{YL}}_{\scriptscriptstyle{A}}}{}_{\mathrel{lack}} \mathrel{\mathop{igstar}} \square$ CIRCUIT COURT $\square$ DIS	TRICT COURT	JRT OF MARYLAND FORCity/County				
100	Located at	Court Address		Telephone			
$\circ_{D_1}$	CIAC	Court Address		Case No			
NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing s further harm, further abuse, or reveals the confidential address of a shelter. If this the case check here . If you need additional paper, ask the clerk.  Fill in the following, checking the appropriate boxes.							
		vs.					
Petitioner			Respondent				
Add	Iress		Address				
City	y, State, Zip		City, State	, Zip			
	Home Telephone No. Work Telephone	one No.	Home	Telephone No.	Work Telephone No.		
	Petition filed electronically under FL § 4						
	PETITI  DOMESTIC VIOLENCE	ION FOR PRO ☐ CHILD ABU (Family Lav	JSE 🗆 VI		ADULT ABUSE		
1.	I am $\square$ the current or former spouse of the respondent; $\square$ a cohabitant of the respondent; $\square$ a person related to the respondent by blood, marriage, or adoption; $\square$ a parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within or (1) year before the filing of the petition; $\square$ a vulnerable adult; $\square$ an individual who has a child in common with the respondent; $\square$ an individual who has had a sexual relationship with the respondent within one (1) year before the filing of the petition; or $\square$ an individual who alleges that within six (6) months before the filing of the petition the respondent committed rape or a sexual offense or attempted rape or sexual offense against the individual.						
2.	I want relief for $\square$ myself $\square$ minor ch	ild 🗆 vulnerable	adult, from a	buse by	me of alleged abuser .		
	The respondent, whose present whereabouts (if known) are						
	committed the following acts of abuse a	gainst					
	on or about,	(check all i	that apply)	Name(s)  ☐ kicking ☐ punch	ning   choking/strangling		
	Date    Slapping   Shooting   rape or other sexual offense (or attempt)   hitting with object   stabbing   shoving						
	$\square$ shapping $\square$ shooting $\square$ rape of other sexual offense (of attempt) $\square$ fitting with object $\square$ stabbing $\square$ showing $\square$ threats of violence $\square$ mental injury of a child $\square$ detaining against will $\square$ stalking $\square$ bitting $\square$ revenge porn						
	other						
	The details of what happened are:(G	ive specific details of	what happened,	when and where it happo	ened, and any injuries sustained)		
3.	(If the victim is a child or vulnerable add			sking for protection			
	At this time the victim can be found at _				·		
	I am ☐ State's Attorney ☐ DSS ☐ a r	relative 🗌 an adu	ılt living in th	e home.			
4.	The person(s) I want protected are (inclination) Name(s)	ude yourself if you Birthd			ship to Respondent		

		Case No.						
5. □	Petitioner  A military order of protection was issued agains eligible for relief. The order was issued on	Respondent gainst the respondent for the same or similar conduct against the personal persona						
	the past year:							
7.	There $\square$ are $\square$ are not additional persons living in the home. I know of the following court cases involving me, or the person I want protected, and the respondent. (examples							
, .	include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases).							
	Court Kind of Case		Result or Status (if you know)					
8.	I have received a Final Protective Order against the alleged in this petition, and which was issued for	he same respondent that a period of at least six	at expired within one (1) year of the abuse (6) months.					
	☐ Date issued ☐ Date expired							
	☐ Location where issued							
9.	City/County/State  Describe all past injuries the respondent has caused the victim, and give date, if known							
10.	The respondent owns or has access to the following firearms:							
11.	I want the court to order the respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse)  NOT to abuse or threaten to abuse							
			Name(s)					
	□ NOT to contact, attempt to contact, or harass							
			- Mille(b)					
	□ NOT to go to the residence(s) atAddress							
			Address					
	☐ NOT to go to the school(s) at							
		Name of sc	hool and address					
	☐ NOT to go to the child care provider(s)							
		Name of ch	ild care provider and address					
	□ NOT to go to the work place(s) at							
			Name(s)					

Petitioner	VS	Respondent			
to leave the home at	Address				
and give possession of the home to					
The name(s) on the deed or lease are:					
to turn over firearm(s) to a law enforcer					
$\square$ to go to counseling for $\square$ domestic vio	olence  drug/alcohol  other				
☐ to pay money as Emergency Family Ma 12. I also want the court to order:	, ,				
custody of					
be granted to	Name(s) of child(ren)				
be granted to					
is and possession of the following John	my-owned venicle be awarded to	Name			
temporary possession of the pet(s)	Description of vehicle				
he awarded to	varded to				
in the final order, the following addition from abuse:	nal relief necessary to protect	Person eligible for relief			
13. (Fill in only if you are seeking Emergency resources:	Family Maintenance.) The respon	ndent has the following financial			
Income from employment in the amount of   other					
Source of employment income	Name and address of source	and amount(s) received			
Income from other source	Name and address of source and	d amount(s) received			
The respondent also owns the following p	roperty of value. Automobile(s)				
Home \$Estimated value	Bank Account(s) \$	Estimated value			
oner.					
I solemnly affirm under the penalties of perjury information, and belief.	that the contents of this documer	nt are true to the best of my knowledge,			
Date (Date)	-fD1	Petitioner			
☐ I have filled in the Addendum (Description	NOTE	1A			

Case No.

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that the address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

**NOTICE TO CUSTODIAN:** A person who places in a judicial record identifying information relating to a witness shall give the custodian written or electronic notice that such information is included in the record, where in the record that information is contained, and whether that information is not subject to remote access under this Rule, Rule 1-322.1, Rule 20-201, or other applicable law. Except as federal law may otherwise provide, in the absence of such notice a custodian is not liable for allowing remote access to the information.