

Mark this box if this form contains Restricted Information.



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_ City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
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 so risks further harm.**

Name of Petitioner on Original Court Order \_\_\_\_\_ VS. Name of Respondent on Original Court Order \_\_\_\_\_

Street Address, Apt. No. \_\_\_\_\_ Street Address, Apt. No. \_\_\_\_\_

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

E-mail \_\_\_\_\_ Work \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ Work \_\_\_\_\_ Telephone \_\_\_\_\_

### PETITION FOR CONTEMPT (Violation of Protective Order)

**If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.**

I, \_\_\_\_\_, state that:

1. On \_\_\_\_\_ Date \_\_\_\_\_  the court ordered the following:

\_\_\_\_\_ OR

a copy of a protective order issued by the following out-of-state (or Native American) court: \_\_\_\_\_ was filed with this court.

2. Regarding that court order, I am the  petitioner  respondent  other (explain) \_\_\_\_\_

3. \_\_\_\_\_ Name of Violator has violated the court order as follows: (state in detail when, where, and how the violation occurred) \_\_\_\_\_

I request the court grant an order finding that \_\_\_\_\_ Name of Violator is in contempt of court and grant any other relief necessary in this case.

I request that the court send the respondent to jail until the court's order is obeyed.

\_\_\_\_\_  
Date Signature  
\_\_\_\_\_  
Telephone Number Fax Printed Name  
\_\_\_\_\_  
E-mail Street Address (unless confidential)  
\_\_\_\_\_  
City, State, Zip

### CERTIFICATE OF SERVICE

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 \_\_\_\_\_ Date \_\_\_\_\_ to:

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Date Signature of Party Serving

### DESCRIPTION OF ALLEGED VIOLATOR

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Other Places/Times They Can Be Found: \_\_\_\_\_

**DESCRIPTION:** Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_

Wt \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ DOB \_\_\_\_\_ FBI # \_\_\_\_\_ SID # \_\_\_\_\_

Complexion \_\_\_\_\_ Tattoos, Marks, Scars \_\_\_\_\_ Other \_\_\_\_\_