

DISTRICT COURT OF MARYLAND FOR

(City/County)



LOCATED AT (COURT ADDRESS)

DISTRICT COURT CASE NUMBER

RELATED CASES:

COMPLAINANT

DEFENDANT

Printed Name

Printed Name

Address

Address

City, State, Zip

Telephone

City, State, Zip

Telephone

Agency, Sub-agency, and I.D. #

(Officer Only)

CC#

DEFENDANT'S DESCRIPTION: Driver's License # Sex Race Ht Wt

Hair Eyes Complexion Other DOB ID

APPLICATION FOR STATEMENT OF CHARGES

Page 1 of

(Include a statement of facts within your personal knowledge (what you saw or heard, what someone said to you, etc.) showing that there is probable cause to believe that a crime has been committed and that the defendant has committed it. Please see the "NOTICE TO APPLICANT FOR A CHARGING DOCUMENT" for further information.)

NOTICE: DO NOT INCLUDE ANY IDENTIFYING INFORMATION OF A MINOR VICTIM WITHIN THIS FORM.

I, the undersigned, apply for a statement of charges and a summons or warrant which may lead to the arrest of the above-named defendant because on or about Date at Place, the above-named defendant

(Continued on attached pages) (DC-CR-001A)

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date

Officer's Signature

I have read or had read to me and I understand the notice on the back of this form.

Printed Name

Date

Applicant's Signature

Subscribed and sworn to before me Date at Time AM PM

Printed Name

Judge/Commissioner

I.D. Number

I understand that a charging document will be issued and that I must appear for trial on Date at Time, when notified by the clerk, at the court location shown at the top of this form.

Applicant's Signature

The applicant requests reasonable protection for safety of the alleged victim or the victim's family:

(Describe)

- I have advised applicant of the right to request shielding. The applicant declines shielding. Minor Victim(s)
I declined to issue a charging document because of lack of probable cause.

Date

Commissioner

I.D. Number

NOTICE TO APPLICANT FOR A CHARGING DOCUMENT

You are applying for a charging document which may lead to the arrest and detention of the person you are charging. If the commissioner issues a charging document, neither you nor the commissioner may withdraw the charges later. The charge may only be disposed of by trial or by action of the State's Attorney.

You must appear at the trial as a witness. Unless you are excused by the State's Attorney, failure to appear on the date set by the court could result in your arrest for failure to obey a court order.

You are filing the application under oath. Criminal Law Article § 9-503, of the Annotated Code of Maryland makes it a crime to knowingly make a false statement in order to have charges brought or an official investigation started.

Please give as much information as possible about the offense. This form should enable the judicial officer who reads it to come to conclusions about what has happened. You should explain what you know about what has happened, and how you know it. Your application should clearly state the following:

1. WHO?
Identify the accused, (the person about whom you are complaining), and identify yourself. Explain how you know that the accused is the person who did what you are complaining about.
2. WHEN?
State the time, day, month and year of the offense.
3. WHERE?
State the exact address and street, the city, county and state where the offense happened. Also state whether the offense happened in a private home or in some public place.
4. WHAT?
State exactly what was done, and to whom it was done. For example, if property was taken, describe it and its value; or, if property was damaged or destroyed, indicate the original cost of the item or its replacement value. If you do not know the exact value, estimate it as accurately as possible.
5. WHY?
The intent and motivation of the accused are important. State any information which relates to these questions.
6. HOW?
Explain how the accused committed the offense. For example, if you were physically assaulted, were you struck with a fist, a flat hand, kicked, or pushed, or were you struck with an object, such as a club or pipe, etc.? If property was taken, how did the accused get it? If it was destroyed or damaged, how did the accused cause the damage?
7. At the top of the application, you will notice a space marked "DEFENDANT'S DESCRIPTION." The information in this space refers to the **accused**. Please furnish as much information as possible so that the accused may be easily identified.

If you need assistance in completing your application, please ask the commissioner.

You may request that the address and telephone number of a victim, complainant, or witness be considered for shielding at the time you file this application.

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address, and place of employment of a victim or non-party witness is blocked. (Md. Rule 16-918)