



**DISTRICT COURT OF MARYLAND FOR**

(City/County)

LOCATED AT (COURT ADDRESS)



DEFENDANT'S NAME (LAST, FIRST, M.I.)

MINOR VICTIM(S)

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

**APPLICATION FOR STATEMENT OF CHARGES (CONTINUED)**

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\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Printed Name

*TRACKING NUMBER*