

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.

vs.

Name of Petitioner on Original Court Order _____

Name of Respondent on Original Court Order _____

Street Address, Apt. No. _____ Home _____

Street Address, Apt. No. _____ Home _____

City, State, Zip _____ Work _____ Telephone _____

City, State, Zip _____ Work _____ Telephone _____

PETITION TO MODIFY RESCIND EXTEND PROTECTIVE ORDER (Family Law § 4-507)

MDEC counties only: 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, _____, am the petitioner respondent in the above entitled case.

I ask this court to:

modify the Protective Order in this case dated _____ as follows:

My reasons are: _____

rescind the Protective Order in this case dated _____

My reasons are: _____

extend the Protective Order up to six (6) months for good cause.

My reasons are: _____

extend the Protective Order up to two (2) years due to a subsequent act of abuse. I want relief for myself

minor child vulnerable adult from abuse by _____ Name _____

The respondent committed the following acts of abuse against _____ Name _____

on or about, _____ (check all that apply) by kicking punching

- choking/strangling slapping shooting rape or other sexual offense (or attempt) hitting with object stabbing shoving threats of violence mental injury of child detaining against will stalking biting revenge porn other _____

The details of what happened are: _____ (Give specific details of what happened, when and where it happened, and any injuries sustained)

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

Signature

Fax

Street Address (unless confidential)

E-mail

Home

City, State, Zip

Work Telephone

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 _____ to:

Name

Address

Name

City, State, Zip

Address

City, State, Zip

Date

Signature of Party Serving