

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR _____

City/County _____

Located at _____

Court Address _____

Telephone _____

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. _____

Home _____

Home _____

City, State, Zip _____

Work _____

City, State, Zip _____

Work _____

E-mail _____

Telephone _____

E-mail _____

Telephone _____

**PETITION FOR CONTEMPT – PEACE ORDER
(Md. Rule 15-206)**

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 this case.

I state that:

1. On _____, this court ordered the following: _____
Date

2. That _____ has violated the court order as follows: *(state in detail*
Name of Violator
when, where, and how the violation occurred) _____

I request that this court pass an order finding that _____

Name of Violator

is in contempt of court, and granting any other relief that is necessary in this case. I request that the court send the respondent to jail until the court's order is obeyed.

_____ Date

_____ Signature

_____ Street Address (unless confidential)

_____ Printed Name

_____ City, State, Zip

_____ Fax

_____ E-mail

_____ Home Telephone

_____ Work Telephone

CERTIFICATE OF SERVICE

I certify that I served a copy of this notice upon the following party or parties by hand delivery mailing first-class mail, postage prepaid on _____ to:
Date

_____ 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 _____