



DISTRICT COURT OF MARYLAND FOR

Located at

Court Address

City/County

Case No.

vs.

Plaintiff/Petitioner

Defendant/Respondent

CIVIL APPEAL/REQUEST FOR TRANSCRIPT (APPL) (TRSC)

To the Clerk:

Please note an appeal in the case referenced above for: [] trial decision dated

[] outcome of motion hearing dated [] denial of motion dated

Appellant is the in the said case:

- Appellant options: District Court cost of \$10, Advance circuit court filing fee, Domestic violence case \$0, Maryland Second Chance Act Shielding \$115, Application for Expungement of Police Records \$115, Other \$165, Waiver of costs, Maryland Legal Aid, My claim exceeds \$5,000

NOTE: On appeal, a transcript of the District Court proceeding is required when the claim amount exceeds \$5,000 exclusive of interest, costs, and attorney's fees.

Form fields for Date, Telephone Number, Fax, E-mail, Signature of Appellant/Attorney/Attorney Code, Attorney Number, Printed Name, Address, City, State, Zip

CERTIFICATE OF SERVICE

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

Form fields for Name, Address, City, State, Zip, Date, Signature of Party Serving