

STATE OF MARYLAND
MARYLAND STATE ARCHIVES
350 ROWE BLVD
ANNAPOLIS, MD 21401

APPLICATION TO SEARCH FOR AND COPY COURT LEGAL CASE FILE

PLEASE NOTE: This form should be used to request either entire case files or legally identifiable portions (i.e., depositions, motions, decrees). Only entire cases or legally identifiable portions thereof may be copied. If such a portion is requested it is the requestor's responsibility to clearly describe the document.

Case files are only available for those courts which have transferred their materials to the Archives. For example, many records of the District Court of Maryland remain in the court's custody and are held at the District Court Record Center. Such records must be obtained through the clerk of the issuing Court.

PLEASE PRINT INFORMATION NEEDED TO LOCATE THE CASE FILE

County where heard _____

Court: Circuit District Other: _____

Date: _____ Type of Case: Criminal Equity Civil

Specific (i.e., Assault, Civil Lawsuit, Paternity) _____

Case Number (if known): _____

Plaintiff's name (as named in case) _____

Defendant's name _____ Defendant Date of Birth _____

MSA Citation (If known, Series Name, Number, and Container Location): _____

Documents Needed: _____

FEES: All documents are certified. The non-refundable fee is \$50.00 per copy. If the search provides no record, the fee is not returned, and a letter confirming that the Archives does not hold the document will be issued. Payment can be accepted by personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa.) You may order in person at the Archives, by United States Mail, by fax to 410-974-2525, or by email to msahelp@mdsa.net.

ORDERING INFORMATION

NUMBER OF COPIES REQUESTED _____

NAME (Print) _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE # _____ EMAIL _____

CREDIT CARD (VISA, MASTERCARD ACCEPTED) _____

CREDIT CARD # _____

EXPIRATION DATE _____

SECURITY CODE (LAST 3 NUMBERS ON BACK OF CARD IN SIGNATURE.) _____

NAME OF CARDHOLDER _____