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

Legal Case File

IMPORTANT: Documents are only available for those county circuit courts which have transferred their case files 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. For more information as to which counties have transferred files, contact us by phone at 410-260-6487 or by email at msa.helpdesk@maryland.gov.

This form should **ONLY** be used to request entire legal case files. If you only need a specific document within the file (Criminal Disposition or Docket, Divorce Decree, Name Change Decree, or Child Custody Document) please use the Order Form for the individual document(s).

Fees

All government-created documents will be certified. The non-refundable and non-transferrable fee is \$50.00 per copy of the case file folder.

Please Note: The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

Payment

Acceptable forms of payment include 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, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information and billing information. If paying by personal or corporate check or money order, just complete the shipping information.

* Required

PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE CASE FILE

Number of Copies Requested *:	
County (where heard) *:	Date *:
<u> </u>	(month/day/year*)
Court (circle one) *: Circuit District Other:	
Type of Case (circle one) *: Criminal Equity	Civil
Specific Charge (i.e., Assault, Breaking and Entering,	, Fraud):
Plaintiff's Name (as named in case) *:(fir	rst/middle/last)
Defendant's Name *:	
	rst/middle/last)
Defendant Date of Birth: (month/day/year)	Case Number (if known):
MSA Citation (Series Name, Number, and Container	Location, if known):

Documents Needed *:	
Additional Information:	
SHIPPING INFORMATION	
Name (Print) *:	
(fir	st/middle/last)
Address *:	
City/State/Zip Code *:	
Telephone # *:	Email *:
BILLING INFORMATION (if paying by card)	
Name (Print) *:	
(first/middle/last)	
Address *:	
City/State/Zip Code *:	
Credit Card # *:	Credit Card (circle one) *: Visa MasterCard
Expiration Date *:(MM/YY)	CVV (3 Numbers on Back) *: