

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

Criminal Disposition Form

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 a Criminal Charge Disposition or Docket Entry within a legal case file. Please specify which document(s) is/are needed. For the entire case file, please use the Legal Case Order Form.

Fees

All government-created Criminal Disposition documents will be certified. The non-refundable and non-transferrable fee is \$25.00 per disposition or docket entry.

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 DISPOSITION

Number of Copies Requested *: _____

Original Arrest (Location and Date) *: _____

Date of Hearing/Trial: _____ **County (where heard) *:** _____
(month/day/year)

Court (circle one) *: Circuit District Other: _____

Specific Charge (i.e., Assault, Breaking and Entering, Fraud): _____

Defendant's Name *: _____
(first/middle/last)

Defendant Date of Birth *: _____ **Case Number (if known):** _____
(month/day/year)

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

Expungement Being Sought (circle one) *: Yes No Unknown

Governor's Pardon Being Sought (circle one) *: Yes No Unknown

(If either answer is yes, the Archives will include information from the Judiciary of Maryland and the Department of Public Safety and Correctional Services regarding these processes)

Additional Information: _____

SHIPPING INFORMATION

Name (Print) *: _____
(first/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 *: _____ CVV (3 Numbers on Back) *: _____
(MM/YY)