

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

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**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 (Chancery, Provincial, People's): \_\_\_\_\_

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 folder in the case file. (If the case file exceeds one folder, we will contact you to advise you of this.) 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 [mha.helpdesk@maryland.gov](mailto:mha.helpdesk@maryland.gov).

**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** \_\_\_\_\_