

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

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**APPLICATION TO SEARCH FOR AND COPY CRIMINAL DISPOSITIONS**

**PLEASE NOTE:** This form should **ONLY** be used to request criminal charge dispositions or docket entries. Entire case files or trial transcripts must be ordered using the Legal Case Files form.

Disposition and docket information 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 DISPOSITION**

Original Arrest (location and date) \_\_\_\_\_

County where heard \_\_\_\_\_

Court: Circuit District Other: \_\_\_\_\_

Date of hearing/trial \_\_\_\_\_

Specific (i.e., Assault, Breaking and Entering, Fraud) \_\_\_\_\_

Case Number (if known): \_\_\_\_\_

Defendant's name \_\_\_\_\_ Defendant Date of Birth \_\_\_\_\_

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

Expungement being sought: Yes No

Governor's Pardon Being Sought: Yes No

(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.)

**FEES:** All documents are certified. The non-refundable fee is \$35.00 per copy set. 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 [msa.helpdesk@maryland.gov](mailto:msa.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** \_\_\_\_\_