



STATE OF MARYLAND  
OR

CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_  
City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

\_\_\_\_\_  
Plaintiff vs. Defendant

**MOTION TO SEAL OR OTHERWISE LIMIT INSPECTION OF A CASE RECORD  
(Md. Rule 16-910(a)(1)(A))**

I hereby move, under Md. Rule 16-910(a)(1)(A), and on the grounds and authorities stated below, to seal or otherwise limit inspection of the following records, or parts of records, that are not otherwise shielded from inspection.

My name is \_\_\_\_\_, and I am  a party to this action.  a person permitted to intervene as a party.  a person subject of or specifically identified in the case.

The specific records or parts of records that should not be subject to public inspection are:

\_\_\_\_\_  
\_\_\_\_\_

The specific facts why these records or parts of records should be prevented or limited from public inspection are: \_\_\_\_\_  
\_\_\_\_\_

I  do  do not believe that immediate, substantial and irreparable harm will result to me if these records, or parts of records, are not immediately sealed, or immediately made unavailable for public inspection, before a full adversary hearing can be held. If I believe such harm will result, the specific reasons for my belief are: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

_____	_____
Date	Signature
_____	_____
Printed Name	Telephone Number
_____	_____
Address	Fax
_____	_____
City, State, Zip	E-mail

Please attach any additional pages that you need. (Note: You must be specific in your identification of information to be sealed, including identifying specifically which documents or portions thereof you believe should be sealed. You also must be specific in stating your reasons why you believe the case record, part of a case record, or information contained in a case record is confidential and not subject to inspection.)

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion upon all parties to the action and each identifiable person who is the subject of the case record by  mailing first class mail, postage prepaid  hand delivery, on

\_\_\_\_\_ to:  
Date

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Date	Signature of Party Serving