



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

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

\_\_\_\_\_  
Name of Petitioner on Original Court Order VS. \_\_\_\_\_  
Name of Respondent on Original Court Order

\_\_\_\_\_  
Street Address, Apt. No. \_\_\_\_\_ Street Address, Apt. No. \_\_\_\_\_

\_\_\_\_\_  
Home: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**PETITION TO  MODIFY  RESCIND  EXTEND PROTECTIVE ORDER  
(Family Law § 4-507)**

I, \_\_\_\_\_, am the  respondent  petitioner in the above entitled case.

I ask this court to:

modify the Protective Order in this case dated \_\_\_\_\_ as follows:

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

My reasons are: \_\_\_\_\_

rescind the Protective Order in this case dated \_\_\_\_\_

My reasons are: \_\_\_\_\_

extend the Protective Order up to six (6) months for good cause.

My reasons are: \_\_\_\_\_

extend the Protective Order up to two (2) years due to a subsequent act of abuse. I want relief for

myself  minor child  vulnerable adult from abuse by \_\_\_\_\_ Name

The respondent committed the following acts of abuse against \_\_\_\_\_ Name

on or about, \_\_\_\_\_ Date (check all that apply) by:  kicking  punching  
 choking/strangling  slapping  shooting  rape or other sexual offense (or attempt)  hitting  
with object  stabbing  shoving  threats of violence  mental injury of child  detaining  
against will  stalking  biting  revenge porn  other \_\_\_\_\_

The details of what happened are: \_\_\_\_\_  
(Give specific details of what happened, when and where it happened, and any injuries sustained):

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

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Fax Street Address (unless confidential) Home:

\_\_\_\_\_  
E-mail City, State, Zip Work: Telephone

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, I mailed a copy of this petition to:

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Date Signature

Case No. \_\_\_\_\_ Date \_\_\_\_\_

**ORDER**

After consideration of the petition, it is this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Month Year

ORDERED that:

- this matter be scheduled for a modification hearing.
- this matter be scheduled for a hearing to rescind.
- this matter be scheduled for a hearing to extend within 30 days from the filing of this petition and the current Protective Order is to remain in full force and effect until the hearing on this petition to extend is held.
- the petition is denied because \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Judge ID Number