	RT OF MARYLAN			C1tv/C01	unty		
Located at	Court A	Address		Case No	o		
Petitioner							
Address							
	Home:		City, State, Zip		Home:		
City, State, Zip	Work: Telephone Numb	per(s)	City, State, Zip		Work: Telephone Number(s)		
Р	ETITION FOR EX		RISK PROTEC	_	ER		
I,Name of Pe	, request that this court issue an Extreme Risk Protective Order against Name of Petitioner						
Name of Respondent	as the resr				er of causing personal injury		
to himself/herself, to me, or to an	other by possessing a fir	earm. The	specific facts in sup	port of this peti	ition are as follows:		
1. Relationship to the responden	t:						
spouse	☐ cohabitant			☐ related b	by blood, marriage, or adoption		
child(ren) in common	urrent dati	ng or intima	ate partner	current	or former legal guardian; or		
health professional (specify:	ng the following behaviouself/herself, to me, or other	or that leads	aw enforcement offi s me to believe he/sl sessing a firearm (in	Agency he presents an include a descrip	Sub-Agency I.D. No. mmediate and present dangeration of the behavior and/or		
child(ren) in common health professional (specify: The respondent is demonstration of causing personal injury to himstatements made by the respondent statements made by the respondent to	ng the following behavious self/herself, to me, or other, date(s) of occurrences	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/slessing a firearm (in other information):	Agency Agency he presents an include a descripe	Sub-Agency I.D. No. mmediate and present dangeration of the behavior and/or		
health professional (specify: The respondent is demonstration of causing personal injury to himstatements made by the respondent to t	ng the following behavious self/herself, to me, or other, date(s) of occurrence (Attach a	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/sl sessing a firearm (in other information):	icer Agency he presents an include a descripe	Sub-Agency I.D. No. Immediate and present danger otion of the behavior and/or		
health professional (specify:	ng the following behavious self/herself, to me, or other, date(s) of occurrence (Attach a esses the following firea	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/slessing a firearm (in other information):	icer Agency he presents an include a descripe	Sub-Agency I.D. No. Immediate and present danger otion of the behavior and/or of firearm(s)):		
health professional (specify: The respondent is demonstration of causing personal injury to himstatements made by the respondent statements made by the respondent currently poss	ng the following behavious self/herself, to me, or other, date(s) of occurrence (Attach a esses the following firea	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/slessing a firearm (in other information):	he presents an include a descripes	Sub-Agency I.D. No. Immediate and present danger otion of the behavior and/or of firearm(s)):		
2. The respondent is demonstration of causing personal injury to himstatements made by the respondent statements made by the respondent currently poss Type of Firearm	ng the following behavious self/herself, to me, or other, date(s) of occurrence (Attach a esses the following firea	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/slessing a firearm (in other information):	he presents an include a descripes	Sub-Agency I.D. No. Immediate and present danger otion of the behavior and/or of firearm(s)):		
health professional (specify: The respondent is demonstration of causing personal injury to himstatements made by the respondent statements made by the respondent currently poss Type of Firearm Handgun	ng the following behavious self/herself, to me, or other, date(s) of occurrence (Attach a esses the following firea	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/slessing a firearm (in other information):	he presents an include a descripes	Sub-Agency I.D. No. Immediate and present danger otion of the behavior and/or of firearm(s)):		
2. The respondent is demonstration of causing personal injury to himstatements made by the respondent statements made by the respondent currently poss Type of Firearm Handgun Shotgun	ng the following behavious self/herself, to me, or other, date(s) of occurrence (Attach a esses the following firea	or that leads ners by poss (s), and any	aw enforcement offices me to believe he/slessing a firearm (in other information):	he presents an include a descripes	Sub-Agency I.D. No. Immediate and present danger otion of the behavior and/or of firearm(s)):		

supporting documents attached.

		Case No					
4. The respondent has committed or the involved a firearm. Include a description	of the action(s) and date(s) o	f occurrence(s):					
5. The respondent has violated a Protedate(s) of occurrence(s):	ective Order (Family Law Tit	tle 4, Subtitle 5). In	nclude a descrip	tion of the action(s) and			
6. The respondent has violated a Peac action(s) and date(s) of occurrence(s):	e Order (Courts & Judicial P	Proceedings Title 3	, Subtitle 15). Ir	nclude a description of the			
7. The respondent has abusively used date(s) of occurrence(s):	a controlled dangerous subst	tance(s) and/or alco	ohol. Include a	description of the action(s) an	nd 		
☐ The respondent has been convicted Include case information (if known): Court	I of a criminal offense(s) invo	olving a controlled Year Filed	dangerous subs Conviction Date (if known)	Results or Status (if known)		
8. Attached are health records or othe prohibited).							
☐ I have completed the necessary Adden I solemnly affirm under the penalties)-001A		
information, and belief. Date			Petitic				

TO THE PETITIONER: You may be required to appear before the court. You have made the statements above under the penalties of perjury. A petitioner who, in good faith, files a Petition for Extreme Risk Protective Order is not civilly or criminally liable for filing the petition.