

APPENDIX A



CIRCUIT COURT FOR BALTIMORE COUNTY, MARYLAND
401 Bosley Avenue, P.O. Box 6754, Towson, MD, 21285-6754
Main: 410-887-2601

Case Number: C-03-CV-24-807071

Other Reference Number(s):

MDEC Related Case Number(s): D-08-CV-23-827131

ELIZABETH JOHNSON V. SHANNON BLACKWELL

Filed On: 01/22/2024

Case Type: Peace Order

Case Security:

INTRACOURT CASE TRANSMITTAL – CV

☐ OTC
☐ OFS

Reason for Transmittal:

- | | | |
|--|--|--|
| <input type="checkbox"/> Landlord Tenant Appeal | <input type="checkbox"/> Appeal de Novo | <input type="checkbox"/> Disposed – Returned to District Court |
| <input type="checkbox"/> Jury Trial Prayer | <input checked="" type="checkbox"/> Remanded | <input type="checkbox"/> Notice of Judgment / Lien |
| <input type="checkbox"/> Supersedeas / LLT Appeal Bond | <input type="checkbox"/> Record Appeal | <input type="checkbox"/> Jurisdictional Transfer |

CASE TRANSMITTAL INFORMATION

Plaintiff/Petitioner: ELIZABETH JOHNSON
Defendant/Respondent: SHANNON BLACKWELL
Appellant:
Appellant Atty:
Appellee:
Appellee Atty:

Person ID: 24991394
Person ID: 24991395
Person ID:
Bar Number:
Person ID:
Bar Number:

Comments:

COSTS & FEES

Circuit Court Advanced Filing Fee \$

FORWARDED:

Cash Bond \$

TO BE FORWARDED:

District Court Costs	\$
District Court Fines	\$
Criminal Injury Compensation Fund	\$
Victims of Crime Fund	\$
VWPR Fund	\$
CICF/VCF – Traffic	\$
Volunteer Company Assistance Fund	\$

☐ Waived ☐ Forwarded ☐ To Be Forwarded

APPENDIX B

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR



City/County

C-03-CV-24-807071

Located at

Court Address

Case No.

**ORDER REGARDING REQUEST FOR WAIVER OF
PREPAID COSTS FOR ASSEMBLING THE RECORD**

Upon consideration of the Request for Waiver of Prepaid Costs for Assembling the Record
submitted by Elizabeth Johnson, and any further documentation as required or
authorized by Rule 1-325 or other applicable law,
Name of Party

THE COURT FINDS THAT:

- ☐ The party named above received a waiver of prepaid costs in accordance with Rule 1-325(d), will be represented in the appeal by an eligible attorney under that section, and the attorney has certified that the appeal is meritorious and that the party remains eligible for representation in accordance with Rule 1-325(d).
- ☐ The party named above received a waiver of prepaid costs in accordance with Rule 1-325(e), and there has been no material change in the party's financial situation since the waiver was granted.

The party named above:

- ☐ Meets the financial eligibility guidelines of the Maryland Legal Services Corporation.
☐ Does NOT meet the financial eligibility guidelines.

The party named above:

- ☐ Is unable by reason of poverty to pay the costs.
☐ Is NOT unable by reason of poverty to pay the prepaid costs.
☐ Other findings: _____

THE COURT ORDERS that the waiver is:

- ☐ GRANTED. The prepaid costs associated with assembling the record are hereby waived.
☐ In the District Court, this includes a waiver of the costs of preparing a transcript, if required by Rule 7-113.
- ☒ DENIED. You have 10 days from the date of this order to pay the costs associated with assembling the record. If the unwaived costs are not paid in full within 10 days, the appeal will be considered withdrawn.

01/22/2024 2:31:46 PM

Date

2024 DEC 23 10:00 AM

ID Number

Reviewed and respectfully denied at this time. Unless Mr. Johnson is less than 18 years old, Ms. Johnson is not able/authorized to file a request for a peace order on his behalf. JCE 1/22/24

Entered: Clerk, Circuit Court for
Baltimore County, MD
January 24, 2024

DOMESTIC VIOLENCE HEARING SHEET

rev 4/2/19

DATE: 2/21/24JUDGE: AdamsCASE NUMBER C-03-CV-24-807071Court Reporter: ☒ Court SmartCourt Clerk: VSINTERPRETER: ☐ present ☐ needed-language type: _____ (party needs to submit Interpreter request form)

Parties present:

☒ Petitioner Elizabeth Johnson Pet. Counsel: PO se☐ Respondent Shannon Blackwell Resp. Counsel: _____TEMPORARY PROTECTIVE ORDER☐ GRANTED – Order signed
F.P.O HEARING set: _____☐ TESTIMONY TAKEN☐ DENIED- Order signed☐ EXTENDED TO _____☐ T. P. O. DISMISSED by Pet.☐ T.P.O APPEAL DISMISSED- Case to be transferred to District CourtFINAL PROTECTIVE ORDER☐ GRANTED – Order signed Copies of Order given to in open court:☐ Firearms Order signed ☐ Pet. ☐ Resp.☐ TESTIMONY TAKEN☐ DENIED- Order signed☐ DEF. CONSENTS☐ EXTENDED TO _____☐ F. P. O. DISMISSED ☐ APPEAL DISMISSED- Case to be transferred to District Court☐ PERMANENT PROTECTIVE ORDER | ☐ Extreme Risk☐ TESTIMONY TAKEN☐ Motion to Shield denied or dismissed PO records☐ GRANTED ☐ DENIED ☐ DISMISSED☐ ORDER MODIFIED/ AMENDED☐ ORDER RESCINDEDHearing Notes: Petitioner's Request for PP-

Copies of Order given to:

Granted.
Central Assignment to reschedule
hearing date.☐ Petitioner ☐ By Mail☐ Respondent ☐ By Mail☐ Sheriff

Order sent to:

☐ DSS☐ Exhibits Marked & / or Entered



DISTRICT COURT OF MARYLAND FOR BALTIMORE COUNTY

8914 KELSO DRIVE, BALTIMORE, MD 21221

410-512-2300



Case No. D-08-CV-23-827131

ELIZABETH JOHNSON obo

AARON JOHNSON vs SHANNON BLACKWELL

ORDER OF DENIAL / DISMISSAL OF PETITION FOR PEACE ORDER

Nobody appeared and no petition or any other evidence was considered, the court makes the following findings:

Petition is Dismissed

PETITIONER FAILED TO APPEAR, PETITIONER HAS NO BASIS TO SEEK RELIEF.

11/29/2023

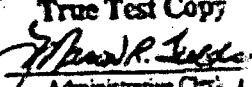

JUDGE MICHAEL T. PATE

QAB

ID Number



APPENDIX C

True Test Copy	
	
Administrative Clerk:	
By: 	Date: 2/22/21

☐ Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR

Located at _____ City/County _____
Court Address _____ Telephone _____
Case No. _____

NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm.

Petitioner (Person seeking protection) _____ vs. Respondent (Person alleged to have committed the prohibited act) _____
Street Address, Apt. No. _____ Home: _____ Street Address, Apt. No. _____ Home: _____
City, State, Zip _____ Work: _____ Telephone Number(s) _____ City, State, Zip _____ Work: _____ Telephone Number(s) _____

**PETITION FOR PEACE ORDER
(Courts and Judicial Proceedings § 3-1503)**

If this submission contains Restricted Information (confidential by statute, rule, or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission and check the Restricted Information box on this form.

1. I (the petitioner) am seeking protection from the respondent _____ for
☐ myself ☐ a minor child over whom I have custody or guardianship ☐ my minor child(ren) who is/are not in my custody
_____ ☐ an adult over whom I have guardianship or Power of Attorney
Name(s) of children _____
_____ ☐ my employee _____ for an
Name _____
act or acts that occurred at the employee's workplace
as a result of the following act(s) committed by the respondent **within the last 30 days** on the dates stated below
(**check all that apply**):

- ☐ kicking ☐ punching ☐ choking ☐ slapping ☐ shooting ☐ hitting with object ☐ stabbing ☐ shoving
☐ threats of violence ☐ harassment ☐ stalking ☐ detaining against will ☐ trespass
☐ malicious destruction of property ☐ misuse of telephone facilities and equipment
☐ misuse of electronic communication or interactive computer service ☐ revenge porn ☐ visual surveillance
☐ other _____

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

2. ☐ I am filing this petition on behalf of my minor child(ren) who is/are not in my custody. The minor child(ren) is/are in the
care, custody or guardianship of: _____, who resides at:
Name _____
Address _____

3. ☐ I am the legal guardian of the minor child(ren) for whom relief is sought. The parents of the child(ren) are:

Child's Name	Parent's Name	Parent's Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. I know of the following court cases involving the respondent and the person(s) for whom I am seeking protection:

Court	Kind of Case	Year Filed	Results or Status (if you know)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Describe all other harm the respondent has caused to the person(s) for whom you are seeking protection, and give date(s), if known:

6. I want the respondent to be ordered:

☐ NOT to commit or threaten to commit any of the acts listed above against _____
Name

☐ NOT to contact, attempt to contact, or harass _____
Name

☐ NOT to go to the residence(s) at _____
Address

☐ NOT to go to the school(s) at _____
Name of school and address

☐ NOT to go to the workplace(s) at _____

☐ To go to counseling. ☐ To go to mediation. ☐ To pay the filing fees and court costs.

☐ Other specific relief: _____

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

Date

Petitioner

NOTICE TO PETITIONER

Any individual who knowingly provides false information in a Petition for Peace Order is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 90 days or both.

If you are an employer, you must notify the employee **before** filing a Petition for Peace Order. An employer may not retaliate against an employee who does not provide information for or testify at a peace order proceeding.

12:18 PM 24

CASE #:

Case # is assigned by Grievance Office

Division of Pretrial Detention and Services
Grievance Form (Step 1)
(Instructions on the back of form)

Name: LISTED ON BACK (CLASS ACTION)

SID#: LISTED ON BACK (CLASS ACTION)

CURRENT HOUSING LOCATION: ANNEX 1 WDC 1 BUILDING 1001

The subject of my complaint is: (Check only one) ONLY ONE ISSUE TO BE SUBMITTED ON A FORM

- | | |
|---|---|
| <input type="checkbox"/> 1- Classification | <input type="checkbox"/> 7- Medical, Mental Health or Dental |
| <input type="checkbox"/> 2- Programs | <input type="checkbox"/> 8- Commissary |
| <input type="checkbox"/> 3- Mail or Packages | <input type="checkbox"/> 9- Complaints Against Staff |
| <input type="checkbox"/> 4- Visits or Telephone Calls | <input type="checkbox"/> 10- Disciplinary Matters |
| <input type="checkbox"/> 5- Property or Clothing | <input type="checkbox"/> 11- Dietary |
| <input type="checkbox"/> 6- Payroll | <input type="checkbox"/> 12- Maintenance Conditions |
| | <input checked="" type="checkbox"/> 13- Other <u>CONDITIONS</u> |

NOTE: If additional space is needed you may write on the back of the grievance form

Part A: Inmate Complaint

Briefly describe your complaint, including the date and time of the incident as well as persons involved and the remedy you are seeking: EVERYDAY AS WE AWAIT OUR DAY IN COURT WHILE BEING HELD ON NO BAIL STATUS
WE ARE SUBJECTED TO THE FOLLOWING HUMAN RIGHTS VIOLATIONS; WE HAVE NO WAY TO PREPARE
MICROWAVABLE FOOD, ALTHOUGH MICROWAVABLE FOOD IS ALL THAT'S SOLD ON COMMISSARY. WE ARE
ORCED TO DEFEND OURSELVES IN THE COURT OF LAW, WITHOUT ACCESS TO A LAW LIBRARY TO SEARCH
OR CASE CITATIONS. IN ORDER TO PROPERLY FILL OUT L.A.S.I. FORMS, DENYING OUR DUE PROCESS OF
LAW. WE ARE FURTHER SUBJECTED TO EATING THE POOREST QUALITY FOOD, SERVED COLD OR SPOILED ON
NUMEROUS OCCASIONS, WE ARE SUBJECTED TO SEEK HELP FOR ILLNESSES FROM NEGLENT MEDICAL
STAFF WHO HAVE A BLATANT DISREGARD FOR HUMAN LIFE; WHERE WE ARE TOLD TO "WAIT
WHILE I CALL MEDICAL" IN THE MIDDLE OF A MEDICAL EMERGENCY. WE ARE ALSO PERIODICALLY
SHORTED ON OUR RECREATION
ALLEGEDLY DUE TO "STAFF SHORTAGES", WHICH HAPPENS EVERY SATURDAY
1 SUNDAY MORNING, AFTER OFFICERS CALL OUT DUE TO HANGOVERS FROM WEEKEND PARTYING.

Remedy: STOP THE INJUSTICES IMMEDIATELY.

LISTED ON BACK (CLASS ACTION)
Signature of inmate

8/21/23
Date