



Request for Patient Care Report

Court-Appointed Custodian, Guardian, Representative of a Minor

INSTRUCTIONS:

1. **This form is for use ONLY by a court-appointed custodian, guardian, or representative of a minor.** If this does not apply to you, please return to www.baltimorecountymd.gov/firerecords to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Custodian/Guardian/Representative (person making request for record)

My name is: _____

My mailing address is: _____

Day Phone: _____ Evening Phone: _____

Patient Information:

Patient's Name: _____

Incident Information:

Incident Date: _____ Incident Time: _____

Incident Location (street address, intersection, etc) _____

REMEMBER TO ENCLOSE THE FOLLOWING:

- Copy of my driver's license or other equivalent photo I.D.
- Copy of the document that designates me as the court-appointed guardian, custodian or representative
- Check or money order in the amount of **\$15.00** payable to "**Baltimore County Maryland**"

I affirm that I am the court-appointed guardian, custodian, or representative of the named minor patient. I also affirm that I know of no reason why I should not receive a copy of this record, and that the information and documents presented are valid and true.

Signature

Date

Please send this signed and dated form, your check or money order, and copies of your driver's license or equivalent photo I.D. and the document naming you as the court-appointed guardian, custodian or representative, to:

**Baltimore County Fire Department
Records Office
700 East Joppa Road
Towson, MD 21286-5500**

To allow for processing time, no walk-in requests will be accepted.

If you have any questions, please contact the Records Office at 410-887-2071.