

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
200 ST. PAUL PLACE, 16TH FLOOR
BALTIMORE, MARYLAND 21202
Phone: 410-576-6573 Toll Free: 877-2594525 FAX 410-576-6566

APPLICATION TO REGISTER AS A HOME BUILDER
IN THE STATE OF MARYLAND

Legal Proceedings Form

Please fill out a separate form for each legal proceeding. Make additional copies of this form as needed.

Please type or print in ink. If you need more space for any question, please answer on a separate page, number your answer, and attach to the application.

Please answer every question clearly and completely. If there is no responsive information to a question, please write N.A. after the question (for example, if you do not have an e-mail address).

Please provide this office with any changes to the information provided in this form within 10 working days of the changes taking effect.

1. Name of Applicant: _____

2. Check the box or boxes that describe the type of legal proceeding in which the applicant was involved.

Civil proceeding

Criminal proceeding

Administrative proceeding

Arbitration proceeding

Bankruptcy proceeding

Other legal proceeding, please list. _____

3. Please provide the applicable dates for this proceeding:

Date filed: _____

Date settled: _____

Date of judgment, decision, award, order, verdict or settlement: _____

Date of satisfaction: _____

Date of appeal: _____

4. Identify the parties to the proceeding: _____

5. Did the proceeding involve any dispute with a consumer?

No

Yes. If yes, please identify the consumer(s): _____

6. Please list the court, administrative or arbitration agency in which the proceeding was filed: _____

7. Please list the docket or case number of the proceeding: _____

8. Did the proceeding involve any claims that the applicant engaged in an unfair or deceptive trade practice?

No

Yes

9. Was there a judgment, decision, award, order, verdict or settlement?

No

Yes. If yes, please attach a copy of the judgment, decision, award, order, verdict or settlement to this form.

I hereby certify, upon personal knowledge and under penalty of perjury, that the information provided on this Legal Proceeding Form is complete, accurate and true

I also understand that I am under a continuing obligation to notify the Consumer Protection Division of any future changes to the information provided on this form within 10 working days of the changes taking effect.

Dated: _____

Signature: _____

Title: _____