



STATES ATTORNEY
JOHN J. MCCARTHY

State's Attorney for Montgomery County

DEPUTY STATE'S ATTORNEYS
LAURA CHASE
PETER A. FEENEY

Dear Mr. /Ms. Complainant:

A District Court Commissioner has just issued a District Court charging document at your request and on your oath alleging the commission of a crime in Montgomery County, Maryland.

In order for this case to be properly evaluated and prepared, you must appear in person at the Office of the State's Attorney for Montgomery County on one of the three days/times listed below, and you must bring the copy of the charging document given to you by the Commissioner. At that time, you will meet with a representative of the State's Attorney's Office to determine the most appropriate way to proceed with the case.

YOU MUST REPORT TO THE OFFICE OF THE STATE'S ATTORNEY ON ONE OF THE FOLLOWING DAYS, AND YOU MUST REPORT DURING APPLICABLE HOURS OF OPERATION (MONDAY, WEDNESDAY AND FRIDAY FROM 8:30 A.M. TO 12:30 P.M. ONLY, OR TUESDAY AND THURSDAY FROM 1:30 P.M. TO 5:00 P.M. ONLY):

Wed 9/12/18 OR Thu 9/13/18 OR Fri 9/14/18
DATE DATE DATE

- **IMPORTANT:** If the dates set forth above require you to visit the Office of the State's Attorney on a Monday, Wednesday or Friday, a representative of the office will be available to meet with you between 8:30 a.m. and 12:30 p.m. only.
- **IMPORTANT:** If the dates set forth above require you to visit the Office of the State's Attorney on a Tuesday or Thursday, a representative of the State's Attorney's Office will be available to meet with you between 1:30 p.m. and 5:00 p.m. only.
- **IMPORTANT:** Do not come within the first 48 hours after the filing of the charging document!
- **IMPORTANT:** If you fail to appear for your conference on one of the days designated above, the State's Attorney's Office will decline to prosecute your case.


John J. McCarthy, State's Attorney for
Montgomery County, Maryland

I acknowledge receipt of this form:


Complainant's Signature

09/04/18
Date



DISTRICT COURT OF MARYLAND FOR Montgomery County



STATE OF MARYLAND

VS.

DARBY, MICHAEL

CC#:

LID:

Race: 2 Sex: M Ht: 5'9"

SID:

DL#:

Wt: 170

Hair: OTH Eyes: BLU

Charge | Statute | Arrest

ASSAULT-SEC DEGREE | CR 3 203 |

Charge | Statute | Arrest

SEX OFF 4TH DEG-SEX CONTACT | CR 3 308 (B)(1) |

CRIMINAL SUMMONS ON CHARGING DOCUMENT

STATE OF MARYLAND, Montgomery County, to wit:

To the Defendant:

YOU ARE SUMMONED AND COMMANDED to appear for Preliminary Inquiry in this Court on 10/16/2018 at 8:00AM, Room: 511, and also to appear for a Trial/Hearing on a date to be set by the Clerk to answer the charge(s) lodged against you in the charging document attached hereto.

NOTICE TO DEFENDANT: If you fail to appear at the place, time and date set forth above, a warrant for your arrest may be issued. If you change your name, address, or telephone number, you must notify the Court at the above location prior to the trial date.

To request a foreign language interpreter or a reasonable accommodation under the Americans with Disabilities Act, please contact the court immediately. TTY users call Maryland RELAY: 711

Date: 09/04/2018

Judge/Commissioner/Clerk: *BS*

ID6655

Given to MONTGOMERY COUNTY POLICE-MCPD HEADQUARTERS

B. SEIPP

NOTICE TO OFFICER: If not served by 10/16/2018, return to the Court.

COMMISSIONER 6655

ACKNOWLEDGEMENT

I acknowledge receipt of a copy of this Summons and hereby promise to appear as required by the Summons. I understand that acceptance of this Summons is not an admission of guilt but that my failure to appear at the place, time and date herein set forth will result in the issuance of a warrant for my arrest.

Date:

Signature of Defendant:

RETURN OF SERVICE

☐ I certify that I delivered a copy of this Summons personally at _____ M on _____ at _____

☐ I certify that the defendant could not be found.

☐ I certify that I personally attempted to deliver a copy of this Summons to the Defendant but he refused to accept the same and/or sign a receipt for same.

Signature & Title of Peace Officer:

Date:

Printed Name of Officer:

Agency, Sub-Agency, I.D.:

SAD



DISTRICT COURT OF MARYLAND FOR Montgomery County

STATE OF MARYLAND

VS. DARBY, MICHAEL

COMPLAINANT:

PALMER, ORVILLE MICHAEL

CC#:

LID:

SID:

DL#:

Race: 2

Sex: M

Ht: 5' 9"

Wt: 170

Hair: OTH Eyes: BLU

Phone(W):

STATEMENT OF CHARGES

UPON THE FACTS CONTAINED IN THE APPLICATION OF PALMER, ORVILLE MICHAEL IT IS FORMALLY CHARGED THAT DARBY, MICHAEL at the dates, times and locations specified below:

NUM	CHG/CIT	STATUTE	PENALTY	DESCRIPTION OF THE CHARGE
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001	1 1415	CR 3 203	10 Y &/or \$2,500.00	ASSAULT-SEC DEGREE
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On or About 09/01/2018 - 09/01/2018

did assault ORVILLE MICHAEL PALMER in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state. Against the Peace, Government, and Dignity of the State.

002	4 3600	CR 3 308 ((b)(1))	1 Y &/or \$1,000.00	SEX OFF 4TH DEG-SEX CONTACT
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...did engage in sexual contact with ORVILLE MICHAEL PALMER without his consent.

Against the Peace, Government, and Dignity of the State.

Judicial Officer:

B. Seipp

6655

B. SEIPP
COMMISSIONER 6655



DISTRICT COURT OF MARYLAND FOR

(City/County)

RELATED CASES:

COMPLAINANT

DEFENDANT

Orville Michael Palmer

Michael Darby

City, State, Zip

Telephone

CC#

Agency, sub-agency, and I.D. #

(Officer Only)

DEFENDANT'S DESCRIPTION: Driver's License #

Sex M

Race White

Ht. 5'9" Wt. 170

Hair Gold

Eyes Blue

Complexion Light

Other GLASSES

DOB

ID

Grey

Australian Accent

Possible

APPLICATION FOR STATEMENT OF CHARGES

Page 1 of

I, the undersigned, apply for statement of charges and a summons or warrant which may lead to the arrest of the above named Defendant because on or about 9/1/18 at [redacted] the above named Defendant

Potomac, MD
Sexual Assaulted Complainant (me) at approx 5:45pm. I was operating

(Concise statement of facts showing that there is probable cause to believe that a crime has been committed and that the Defendant has committed it):

the camera filming for the TV show Real Housewives of Potomac. As I walked out to the Pool Patio area, Michael Darby grabbed & groped by butt several times. As I turned around he smiled & gave me a flirtatious look.

(Continued on attached _____ pages) (DC-CR-001A)

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

Date

Officer's Signature

Printed Name

I have read or had read to me and I understand the Notice on the back of this form

09/04/18

Date

Orville Michael Palmer

Applicant's Signature

Printed Name

Subscribed and sworn to before me this 11th day of September 2018
Time 653 AM PM Judge/Commissioner [Signature] 655 I.D. No.

I understand that a charging document will be issued and that I must appear for trial on _____ Date
at _____ Time _____ when notified by the Clerk, at the court location shown at the top of this form.

Orville Michael Palmer

Applicant's Signature

☒ Applicant requests reasonable protection for safety of the alleged victim or the victim's family

(Describe)

☐ I have advised applicant of shielding right. ☐ Applicant declines shielding.

☐ I declined to issue a charging document because of lack of probable cause.

Date

Commissioner

I.D. No.

Printed Name

TRACKING NUMBER

NOTICE TO APPLICANT FOR A CHARGING DOCUMENT

You are making an application for a charging document which may lead to the arrest and detention of the individual you are charging. If, as result of your application, a charging document is issued by the commissioner, it will not be possible for the commissioner to withdraw the document. The charge may only be disposed of by trial or by action of the State's Attorney.

You will be required to appear at the trial as a witness. Failure to appear on the date set by the court could result in your arrest for failure to obey a court order.

The application which you are filing is being filed under oath. Criminal Law Article § 9-503, of the Annotated Code of Maryland provides that any person who makes a false statement or report of a crime or causes such a false report or statement to be made to any official or agency of this State, knowing the same, or any material part thereof, to be false, and with intent that such official or agency investigate, consider or take action in connection with such statement or report, shall be subject to a fine of not more than \$500, or be imprisoned not more than six (6) months, or be both fined and imprisoned, in the discretion of the court.

It is essential that you furnish as much information as possible about the offense. To be sure that your information is adequate, your application should clearly state the following:

1. **WHO?**

Identify the accused, (the person you are complaining about), and identify yourself.

2. **WHEN?**

The time, day, month and year of the offense.

3. **WHERE?**

The exact address and street, the city, county and state where the offense happened. Also state whether the offense happened in a private home or in some public place.

4. **WHAT?**

State exactly what was done to you. For example: if property was taken, describe it and its value; or, if property was damaged or destroyed, indicate the original cost of the item or its replacement value. If you do not know the exact value, estimate it as accurately as possible.

5. **WHY?**

The facts you give must show the accused intended to commit a criminal act.

6. **HOW?**

How the accused committed the offense. For example, if you were physically assaulted, were you struck with a fist, a flat hand, kicked, or pushed, or were you struck with an object, such as a club or pipe, etc.? If property was taken, how did the accused get it? If it was destroyed or damaged, how did the accused cause the damage?

7. **At the top of the application, you will notice a space marked "DESCRIPTION". The information in this space refers to the accused. It is important to furnish as much of this as possible so that the accused may be easily identified.**

You are entitled to request that the address and telephone number of a victim, complainant or a witness be considered for shielding at the filing of this application.

If you need further assistance in completing your application, please feel free to ask the commissioner.

NOTICE: Remote access to the name, address, telephone number, date of birth, e-mail address, and place of employment of a victim or non-party witness is blocked. (Md. Rule 16-910)



DISTRICT COURT OF MARYLAND FOR

(City/County)

DEFENDANT'S NAME (LAST, FIRST, M.I.)

Darby, Michael

APPLICATION FOR STATEMENT OF CHARGES (CONTINUED) Page ____ of ____

Since I was holding the camera, I place the camera on the Pool/Patio floor. Respectfully I told Defendant Michael Darby to not touch my butt. After talking with Michael Darby, I told my supervisor on duty and about the sexual assault by Michael Darby towards me.

653

X

4th

—

September

438 →

2018

6655

09/04/18

Date

Orville

Applicant's Signature

Orville Michael Palmer

Printed Name

TRACKING NUMBER



DISTRICT COURT OF MARYLAND FOR

(City/County)

RELATED CASES:

COMPLAINANT

DEFENDANT

Orville Michael Palmer

Michael Darby

Agency, sub-agency, and I.D. #

(Officer Only)

CC#

DEFENDANT'S DESCRIPTION: Driver's License #

Sex M

Race White

Ht. 5'9"

Wt. 170

Hair Bald

Eyes Blue

Complexion Light

Other Glasses

ID

Grey

Australian Accent

Possible

APPLICATION FOR STATEMENT OF CHARGES

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(Concise statement of facts showing that there is probable cause to believe that a crime has been committed and that the Defendant has committed it)

the camera filming for the TV show Real Housewives of Potomac. As I walked out to the Pool Patio area, Michael Darby grabbed & groped by butt several times. As I turned around he smiled & gave me a flirtatious look.

(Continued on attached pages) (DC-CR-001A)

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

Date

Officer's Signature

Printed Name

I have read or had read to me and I understand the Notice on the back of this form

09/04/18

Date

Orville Michael Palmer

Applicant's Signature

Printed Name

Subscribed and sworn to before me this

14th

day of

September

2018

Time: 653

AM PM

Judge/Commissioner

138

6655

I.D. No.

I understand that a charging document will be issued and that I must appear for trial ☐ on _____ at _____, ☐ when notified by the Clerk, at the court location shown at the top of this form.

☐ Applicant requests reasonable protection for safety of the alleged victim or the victim's family

(Describe)

☐ I have advised applicant of shielding right. ☐ Applicant declines shielding.

☐ I declined to issue a charging document because of lack of probable cause.

Date

Commissioner

I.D. No.

Printed Name

TRACKING NUMBER



DISTRICT COURT OF MARYLAND FOR

LOCATED AT (COURT ADDRESS)

(City/County)

DEFENDANT'S NAME (LAST, FIRST, M.I.)

Darby, Michael

APPLICATION FOR STATEMENT OF CHARGES (CONTINUED) Page of

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09/04/18
Date

Applicant's Signature

Orville Michael Palmer
Printed Name

TRACKING NUMBER