

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本, 仅供参考. 为了提供便利, 表格采用双语格式, 但向法院提交的表格必须用英语填写。



CIRCUIT COURT 巡回法院 DISTRICT COURT OF MARYLAND FOR 地区法院 马里兰州 City/County (市/县)

Located at (地址) Court Address (法院地址) Case No. (案件号码)

STATE OF MARYLAND (马里兰州) or (或)

Plaintiff/Petitioner (原告/申请人) vs. (诉) Defendant/Respondent (被告/应答者)

REQUEST FOR SPOKEN LANGUAGE INTERPRETER (口译员申请)

Requests for interpreter should be submitted to the court not less than thirty (30) days before the proceeding for which the interpreter is requested. (应当在要求口译员服务的诉讼日期前至少提前三十(30)天提出口译员服务申请。)

Type of court proceeding: Criminal 刑事 Civil 民事 Traffic 交通 Juvenile 青少年 Family 家庭 Other: 其他

If this request is for Juvenile, please check the appropriate box: Delinquent 青少年不良行为 Child in Need of Assistance (CINA) 需要援助的儿童(CINA)

Child in Need of Supervision (CINS) 需要监管的儿童(CINS) Termination of Parental Rights (TPR) 终止父母权利(TPR) Adoption 领养 Other: 其他

1. Hearing/trial date: 庭审/审判日期: Time: 时间: Courtroom: 法庭:

An interpreter is needed for THIS HEARING OR EVENT ONLY. 仅限为本次庭审或活动安排口译员。

I am a party (Plaintiff or Defendant) and need an interpreter FOR ALL HEARINGS & EVENTS RELATED TO THIS CASE, unless indicated otherwise. 我是(原告或被告)方, 除非另行说明, 需要为与本案相关的所有庭审和活动安排口译员。

2. Location of hearing/trial: 庭审/审判地点: 3. LANGUAGE: 语言:

4. DIALECT: 方言: 5. Country & region where language is spoken (do not omit): 说该语言的国家和地区(请勿漏填):

Name of Person Requesting Interpreter: 申请口译员服务人士的姓名:

Name of Person Who Needs Interpreter: 需要口译员服务人士的姓名:

Person Needing Interpreter is the (需要口译员服务的人士是):

- Defendant/Respondent (被告/应答者) Attorney (律师)
Plaintiff/Petitioner (原告/申请人) Victim (受害者)
Victim's Representative (includes a family member or guardian of a victim who is a minor, deceased, or disabled) 受害者的代表(包括未成年人、患病或残障受害者的家人或监护人)

Witness for: the Defendant/Respondent 被告/应答者 the State 国家 the Plaintiff/Petitioner 原告/申请人 Other: 其他

NOTICE: If a court hearing or proceeding is postponed or continued, you do not need to make a new interpreter request. An interpreter will be provided for the new hearing date. 通知: 如果庭审或诉讼被延迟或继续, 您无需重新提出口译员申请。会为新庭审日期安排口译员。

Date (日期) Signature of Applicant/Applicant's Attorney or Representative (申请人/申请人的律师或代表签名)
Printed Name (用大写字母填写姓名) Telephone Number (电话号码)
Address (地址) Fax (传真)
City, State, Zip (城市、州、邮政编码) E-mail (电子邮件)

CERTIFICATE OF SERVICE (送达证明)

I certify that I served a copy of this Motion / request upon the following party or parties by (我证明, 我已经用以下方法将本动议/申请副本送达给以下各方): mailing first class mail, postage prepaid (用普通信件邮寄(回邮邮资已付))

hand delivery, on (在以下日期亲自送交) Date (日期) to (至以下人士和地址):

Name (姓名) Address (地址)
Name (姓名) Address (地址)
Date (日期) Signature of Party Serving (送达方签名)