

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。



DISTRICT COURT OF MARYLAND FOR (City/County)  
马里兰州地区法院 (城市/县)

LOCATED AT (COURT ADDRESS)  
地址(法院地址)

DISTRICT COURT  
CASE NUMBER  
地区法院案例编号

RELATED CASES:  
相关案例:

COMPLAINANT 原告 DEFENDANT 被告

Printed Name  
正楷姓名

Printed Name  
正楷姓名

Address  
地址

Address  
地址

City, State, Zip  
城市、州、邮编

Telephone  
电话号码

City, State, Zip  
城市、州、邮编

Telephone  
电话号码

Agency, Sub-agency, and I.D. #  
机构、分支机构和身份号码

(Officer Only)  
(仅限警官填写)

CC#  
CC#

DEFENDANT'S DESCRIPTION: Driver's License #

被告描述: 驾照号码 Sex 性别 Race 种族 Ht 身高 Wt 体重  
Hair 发色 Eyes 瞳色 Complexion 肤色 Other 其他 DOB 出生日期 ID 身份号码

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APPLICATION FOR STATEMENT OF CHARGES  
起诉书申请

(Include a statement of facts within your personal knowledge (what you saw or heard, what someone said to you, etc.) showing that there is probable cause to believe that a crime has been committed and that the defendant has committed it. Please see the "NOTICE TO APPLICANT FOR A CHARGING DOCUMENT" for further information.)  
(在您的个人知识范围内陈述事实(包括您的所见或所闻, 他人对您所述等), 表明有可能有理由相信发生了犯罪, 而被告已犯罪。请参阅“向起诉文件申请人发出的通知”了解更多信息。)

I, the undersigned, apply for a statement of charges and a summons or warrant which may lead to the arrest of the above named defendant because on or about \_\_\_\_\_ at \_\_\_\_\_  
Date Place

本人, 以下签名人, 申请下达可能导致逮捕上述姓名之被告的起诉书和传票或命令, 因为在以下日期或大约 以下日期  
日期, 在 地点, 上述被告

(Continued on attached \_\_\_\_\_ pages) (DC-CR-001A)  
(在所附 \_\_\_\_\_ 张页面上继续) (DC-CR-001A)

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.

我郑重地确认, 据我所知所信, 本文件中的内容真实无误, 如有不实之处甘愿受作伪证之处罚。

Date  
日期

Officer's Signature  
警官签名

Printed Name  
正楷姓名

I have read or had read to me and I understand the notice on the back of this form.  
我已经阅读或已经有人向我阅读本表背面的通知, 我理解通知内容。

Date  
日期

Applicant's Signature  
申请人签名

Printed Name  
正楷姓名

Subscribed and sworn to before me \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
Date Time

在我面前签名和起誓 \_\_\_\_\_ 时间为 \_\_\_\_\_ 上午 下午  
日期 时间

Judge/Commissioner  
法官/专员 \_\_\_\_\_

ID Number  
身份号码

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.  
Time Date

我理解, 将签发起诉文件, 我必须 在以下日期 \_\_\_\_\_  
时间 \_\_\_\_\_, 在接到书记官的通知后, 在本表上方显示的法院地点出席审判。  
日期 时间

Applicant's Signature  
申请人签名

The applicant requests reasonable protection for safety of the alleged victim or the victim's family:  
申请人需要就受害者或受害者家人请求合理的安全保护:

(Describe)  
(请说明)

I have advised applicant of the right to request shielding.  The applicant declines shielding.  
我已经将要求屏蔽权告知申请人。 申请人拒绝屏蔽。

I declined to issue a charging document because of lack of probable cause.  
因缺乏合理的理由, 我拒绝签发起诉文件。

Date  
日期

Commissioner  
专员

ID Number  
身份号码

Printed Name  
正楷姓名

## NOTICE TO APPLICANT FOR A CHARGING DOCUMENT 向起诉文件申请人发出的通知

You are applying for a charging document which may lead to the arrest and detention of the person you are charging. If the commissioner issues a charging document, neither you nor the commissioner may withdraw the charges later. The charge may only be disposed of by trial or by action of the State's Attorney.

您正在申请起诉文件, 这可能导致逮捕和扣留被您起诉的人。如果专员签发起诉文件, 您或专员日后均不得撤回起诉。起诉只能通过审判或州检察官的诉讼得以解除。

You must appear at the trial as a witness. Unless you are excused by the State's Attorney, failure to appear on the date set by the court could result in your arrest for failure to obey a court order.

您必须作为证人出席审判。除非您得到州检察官的豁免, 否则不在法院规定的日期出庭将导致您因不服从法院命令而被逮捕。

You are filing the application under oath. Criminal Law Article § 9-503, of the Annotated Code of Maryland makes it a crime to knowingly make a false statement in order to have charges brought or an official investigation started.

您正在起誓下提交申请。《马里兰州注释法典》中的《刑法条款》第 9-503 款规定, 为了提出起诉或展开正式调查而故意作出虚假陈述的行为属于犯罪。

Please give as much information as possible about the offense. This form should enable the judicial officer who reads it to come to conclusions about what has happened. You should explain what you know about what has happened, and how you know it. Your application should clearly state the following:

请提供有关犯罪行为的尽量详细的信息。此表格应使阅读表格的司法人员对所发生的事情得出结论。您应该解释您对所发生之事的了解, 以及您是如何知道的。您的申请应清楚说明以下事项:

### 1. WHO?

何人?

Identify the accused, (the person about whom you are complaining), and identify yourself. Explain how you know that the accused is the person who did what you are complaining about.

指明被告(您控告之人)和您自己的身份。解释您如何知晓被告就是做出您控告之事的人。

### 2. WHEN?

何时?

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

说明犯罪行为发生的时间、日期、月份和年份。

### 3. WHERE?

何地?

State 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.

说明发生犯罪行为的确切地址和街道、城市、县和州。同时说明犯罪行为是发生在私人住宅还是在公共场所。

### 4. WHAT?

何事?

State exactly what was done, and to whom it was done. 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.

确切说明对何人做了何事。例如, 如果财产被拿走, 描述是哪些财产及其价值; 如果财产被损坏或销毁, 指明物品的原有价格或取代该物品的价值。如果您不知道确切的值, 尽量准确地估计其价值。

5. WHY?

为何?

The intent and motivation of the accused are important. State any information which relates to these questions.  
被告的意图和动机很重要。请陈述与这些问题有关的任何信息。

6. HOW?

如何?

Explain 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?

解释被告如何实施犯罪行为。例如,如果您身体受到攻击,被告是对您拳击、掌掴、脚踢、推搡,还是用物体(例如棍棒或管子等)打您?如果财产被拿走,被告如何拿走财产?如果财产被销毁或损坏,被告如何造成财产损失?

7. At the top of the application, you will notice a space marked “DEFENDANT’S DESCRIPTION.” The information in this space refers to the **accused**. Please furnish as much information as possible so that the accused may be easily identified.

在申请上方,您会看到一个标记为“被告描述”的空白栏目。该空白栏目中的信息是指**被告**。请提供尽量详细的信息,以便识别被告。

If you need assistance in completing your application, please ask the commissioner.

如果您在填写申请时需要接受协助,请随向专员洽询。

You may request that the address and telephone number of a victim, complainant, or witness be considered for shielding at the time you file this application.

您在提交本申请时可以要求对受害者、原告或证人的地址和电话号码进行屏蔽。

**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 16-918)**

**通知:不可远程存取受害者或非诉讼方证人的姓名、地址、电话号码、出生日期、电子邮件地址和工作单位。(马里兰州规则 16-918)**