

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 COMMISSIONER APPLICATION FOR REPRESENTATION
BY THE PUBLIC DEFENDER
公设辩护律师代理服务地区法院专员申请**
Privileged and Confidential
得到特许保密

Judiciary Use Only: Date/Time of Filing: _____ Comm ID: _____ Initials: _____ 仅供司法部使用: 提交日期/时间: _____ 通信编号: _____ 姓名首字母缩写: _____	
Name: _____ 姓名: _____	
Mailing Address: _____ 邮寄地址: _____	
City: _____ State: _____ Zip: _____ 城市: _____ 州: _____ 邮编: _____	
*E-mail Address: _____ 电子邮件地址: _____	
Contact Telephone Number: _____ DOB: _____ SSN: _____ 联系电话: _____ 出生日期: _____ 社保号: _____	
Have you ever served in the armed forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Veteran status does not affect eligibility) 您是否曾在美国武装部队服役? <input type="checkbox"/> 是 <input type="checkbox"/> 否 (退伍军人身份不影响资格)	
Do you need an Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Language: _____ 您是否需要口译员? <input type="checkbox"/> 是 <input type="checkbox"/> 否 口译语言: _____	
CASE NUMBER(s): _____ 案件编号: _____ <i>If this is a Violation of Probation (VOP), Child Support, Child in Need of Assistance (CINA), Juvenile case, you must apply for representation directly with the Public Defender's Office.</i> <i>如果本案涉及违反缓刑规定 (VOP)、子女抚养费、需要援助的儿童 (CINA)、青少年, 则您必须直接向公设辩护律师办公室申请代理。</i>	
HOUSEHOLD SIZE: # _____ 家庭人数:# _____ <i>"Household" is the number of persons, including yourself, who maintain a legal residence in your home and/or are financially dependent on you for their basic needs and care.</i> <i>"家庭"人数指在您家拥有合法居留权和/或在经济上依赖您来满足其基本需求和照护的人员(包括您自己在内)的数量。</i>	
INCOME - MONTHLY 收入 - 每月	<i>List income from all sources, including employment, social security benefits, veteran's benefits, public assistance (Temporary Cash Assistance, Food Stamps, etc.), professional fees, rents, alimony, interests, dividends, retirement, child support, etc.</i> <i>列出所有来源的收入, 包括工作、社会保障福利、退伍军人福利、公共援助(临时现金资助、粮食券等)、专业费用、租金、赡养费、利息、股息、退休金、子女抚养费等。</i>

Source 来源		Net Monthly Amount ("Take Home") 每月净收入("实得")
Current Employment 当前工作	Employer Name: 雇主名称:	\$ \$
Secondary Employment 次要工作	Employer Name: 雇主名称:	\$ \$
Unemployment 失业	Type: 类型:	\$ \$
Public Assistance 公共援助	Type: 类型:	\$ \$
Other (specify) 其他 (请说明)	Other: 其他:	\$ \$
Other (specify) 其他 (请说明)	Other: 其他:	\$ \$
MONTHLY TOTAL: \$ 每月总计:\$		x = ANNUAL TOTAL: \$ x = 每年总计:\$

LIQUID ASSETS - Balance List all cash and cash equivalent that could be readily made available.
流动资产 - 余额 列出所有现金和可以立即使用的现金等价物。

Description 描述	\$ Value 价值 \$	Description 描述	\$ Value 价值 \$
Cash/Savings 现金/存款	\$ \$	Other (specify) 其他 (请说明)	\$ \$
Credit Available 信用额度	\$ \$	Other (specify) 其他 (请说明)	\$ \$
Total: \$ 总计:\$			

BILLS - Monthly List all payments for credit cards, mortgages, loans, medical expenses, and other obligations and expenses on a monthly basis. Do not include any expense(s) already deducted from your paycheck.
账单 - 每月 列出每月信用卡、抵押、贷款、医疗费以及其他义务和支出的所有开支。不包括已经从工资中扣除的任何费用。

Paid to: 支出:	\$ Per Month 每月 \$	Paid to: 支出:	\$ Per Month 每月 \$
Rent/Mortgage 租金/抵押	\$ \$	Transportation (car note, insurance, bus, gas) 交通 (汽车贷款、保险、公共汽车、加油)	\$ \$
Utilities (gas, water, electric, etc.) 公用事业 (煤气、水、电等)	\$ \$	Medical Bills/Insurance 医疗账单/保险	\$ \$
Cell Phone 手机	\$ \$	Credit Card Bills, Loans, Back Taxes, Liens 信用卡账单、贷款、欠缴税款、留置权	\$ \$
Child Day Care 儿童日托	\$ \$	Child Support 子女抚养费	\$ \$
Food/Hygiene (necessities) 食品/卫生 (必需品)	\$ \$	Other (specify) 其他 (请说明)	\$ \$
MONTHLY TOTAL: \$ 每月总计:\$		x = ANNUAL TOTAL: \$ x = 每年总计:\$	

Applicant: _____

申请人: _____

Case #(s): _____

案件编号: _____

Source 来源	Annual Total 每年总计	Federal Poverty Guidelines 联邦贫困线	
Income 收入	\$ \$	Household Size 家庭人数	
Assets 资产	\$ \$	FPG 联邦贫困线	
Expenses 开支	\$ \$	Cost to Hire 雇用成本	\$ \$
Net Income 净收入	\$ \$		

AFFIDAVIT OF INDIGENCY

贫困宣誓书

I solemnly affirm under the penalty of perjury that all of the information presented above and any supporting documentation, to the best of my knowledge and belief, is true and accurate in support of my inability to hire a private attorney. By signing below, I acknowledge that I have applied for eligibility for representation by the Office of the Public Defender and I agree to pay any applicable fees under Maryland State Regulations by the Office of the Public Defender or otherwise required by State Law.

本人郑重声明, 据本人所知和所信, 以上提供的所有信息和任何支持性文件资料都是真实且准确的, 以证明本人无能力聘请私人律师, 如有不实则甘受伪证罪处罚。在下方签名, 即表示本人承认本人已申请由公设辩护律师办公室代理的资格, 并且本人同意根据马里兰州法规由公设辩护律师办公室或以马里兰州法律要求的其他方式支付任何适用的费用。

AUTHORIZATION FOR RELEASE OF INFORMATION

信息披露授权

As permitted by MD Code, Criminal Procedure Article 16-210(e)(3)(i), I hereby consent and authorize the Comptroller of Maryland to provide to the Office of the Director of Commissioners of the District Court ("the Office") or its designee income information from my Maryland income tax return filed for the tax year immediately preceding the year in which this authorization is executed. I further consent and authorize the Office or its designee to use such income information for the sole purpose of determining whether I qualify for the services of the Office of the Public Defender to assist me in a legal matter.

按照《马里兰州法典》、《刑事诉讼程序条款》16-210(e)(3)(i) 的批准的规定, 本人特此同意并授权马里兰州审计官向地区法院专员主任办公室(以下简称“办公室”)或其指定人员, 提供本人在签署本授权书年份上一个纳税年度提交的马里兰州所得税申报表上的收入信息。本人进一步同意并授权办公室或其指定人员, 仅出于决定本人是否有资格获得公设辩护律师办公室的服务以协助处理法律事件的目的使用这些收入信息。

Signature of Applicant
申请人签名

Date
日期

INFORMED CONSENT RELEASE

信息披露知情同意书

1. As permitted by § 8-625(d)(1) of the Labor and Employment Article, Annotated Code of Maryland and by federal regulations under 20 C.F.R. part 603, this signed form releases certain confidentiality rights of the undersigned.

按照《劳动与就业条款》第 8-625(d)(1) 条、《马里兰州注释法典》以及《联邦法规汇编》第 20 篇第 603 部分的联邦法规批准的规定, 本签名表格解除了下方签名者的某些保密权利。

2. This consent form will remain in effect until the District Court Commissioner's obligation to maintain these records for its files has terminated, revocation by the undersigned, or five (5) years.

本同意书将持续有效, 直至地区法院专员保留这些档案记录的义务终止、下方签名者撤回同意或满五 (5) 年以后。

3. Please include all other names you have used for the period of time the records are requested:

请提供要求记录期间您使用过的所有其他姓名：

4. Please provide the undersigned individual's **SOCIAL SECURITY NUMBER:** _____

请提供下方签名个人的**社会安全号码**：_____

5. The undersigned acknowledges that this signed form permits access to confidential information maintained by the Maryland Department of Labor, Division of Unemployment Insurance. This information includes wage history, employment history, and the number and amount of Unemployment Insurance benefits received by the undersigned.

下方签名者承认本签名表格允许获取马里兰州劳工部失业保险部门保留的机密信息。这些信息包括下方签名者的工资记录、工作经历及其收到的失业保险福利的数量和金额。

6. The undersigned individual consents to the Office of the District Court Commissioner or its designee to review confidential information, including benefits information and wages earned by the individual and reported by their employer for purposes of evaluating the individual's qualification for a Court-appointed attorney. The determining of whether the undersigned qualifies for a Court-appointed attorney may assist the undersigned in a legal matter.

下方签名个人同意地区法院专员办公室或其指定人员审查机密信息,包括个人福利信息和赚取的工资及其雇主报告的相关信息,以评估其是否有资格获得法院任命的律师。关于下方签名者是否有资格获得法院任命的律师的决定可协助下方签名者处理法律事务。

7. The confidential information will be disclosed only to the Office of the District Court Commissioner or its designee. The information disclosed pursuant to this release will be used only for the purposes stated in this release, which is to determine whether the undersigned qualifies for representation by the Office of the Public Defender to assist the undersigned in a legal matter.

机密信息将仅向地区法院专员办公室或其指定人员披露。依据此同意书披露的信息将仅用于此同意书中所述目的,即用于决定下方签名者是否有资格获得公设辩护律师办公室的代理以协助其处理法律事务。

Signature of Consenting Individual (Applicant)
表示同意的个人(申请人)签字

Date
日期