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。

MARYLAND	Псисшт	сопрт Пр	DISTRICT COU	IDT OF M	IADVI AN	ID EOD		
A COL	巡回法院	1	也区法院	马	里兰州		City/County	(市/县)
DICIAR	Located	at (地址)	Court Address		Case	No		
STA	ATE OF MARY or (	LAND (马里的 或)	<b>兰州)</b>					
	Plaintiff/Petitioner (原	長/申请人)		(诉)		Defendant/Resp	ondent (被告/应答者)	)
	REQU	EST FOR SP	OKEN LANGU	JAGE INT	ERPRET	ER(口译员	(申请)	
Requests for the interpre	or interpreter shorter is requested.	ould be submitt (应当在要求口	ted to the court n 1译员服务的诉讼	ot less that 日期前至少	n thirty (30 >提前三十	0) days befo (30)天提出	re the proceedin 出口译员服务申请	g for which 等。)
审判程序类	型:	刑事	□Civil □Tra 民事 交	通	少年	家庭	其他:	
If this reque如果是为青少	est is for Juvenil。 年提出本项请求,	e, please check 请勾选适当的方	the appropriate 框:	box: D	elinquent 予少年不良行	☐ Chile 行为 需要	d in Need of Ass 援助的儿童(CII	sistance (CINA)
□ Child in 需要监管	Need of Supervi 的儿童 (CINS)	sion (CINS)	Termination of 终止父母权利(	Parental F	Rights (TPR	R)	ion □ Other: 其他:	
□ An inter	/trial date: 判日期: preter is needed : <b>次庭审或活动</b> 安	for THIS HEA	RING OR EVE	NT ONLY	ime:   间:		Courtroom: 法庭:	
☐I am a pa THIS CA	arty (Plaintiff or ASE, unless indi	Defendant) an cated otherwise	d need an interprete. 需要为与本案相					TED TO
2. Location	of hearing/trial:				<b>3.</b> L	ANGUAGI	E:	
庭审/审判 <b>4. DIALEO</b> 方言:		5. Count 说该语	ry & region whe	re languag ( <i>请勿漏填</i>	e is spoken	言: 1 (do not omi	(t):	
Name of Pe 申请口译员	服务人士的姓名	g Interpreter: _						
Name of Pe 需要口译员	erson Who Need 服务人士的姓名	s Interpreter: _						
_			译员服务的人士是	是):	_			
	nt/Respondent( Petitioner(原告					Attorney(作 Victim(受害		
□ Victim's 受害者的	Representative 大表(包括未成	(includes a fan 年人、患病或	nily member or g 残障受害者的家	guardian of 人或监护人	f a victim v	who is a min	nor, deceased, or	disabled)
□Witness: 下列人士	for:	Defendant/Res <sub>]</sub> /应答者	pondent	State  the	e Plaintiff/ 告/申请人	Petitioner [	JOthe 其他:	
request. An	interpreter will	be provided for	g is postponed o or the new hearir 七需重新提出口译	ng date.				rpreter
	Date	(日期)		Signa (申请	ature of Applica 背人/申请人的	ant/Applicant's A 律师或代表签名	Attorney or Representati 名)	ve Attorney Number (律师编号)
	Printed Name (用	大写字母填写姓名)				Telephone	Number (电话号码)	
	Address	(地址)				<u>1</u>	Fax (传真)	
	City, State, Zip (場	(市、州、邮政编码				E-m	 nail (电子邮件)	