

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。



马里兰州巡回法院 地区法庭

City/County  
城市/县

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
地址 \_\_\_\_\_ 案件编号 \_\_\_\_\_

Court Address  
法院地址

STATE OF MARYLAND or  
马里兰州或

\_\_\_\_\_  
Plaintiff/Complainant vs. Defendant/Respondent  
原告/控诉人 诉 被告/答辩人

**REQUEST TO SHIELD ADDRESS / TELEPHONE NUMBER / E-MAIL ADDRESS  
IN A CRIMINAL CASE RECORD**  
**申请屏蔽刑事案件记录中的地址/电话号码/电子邮件地址**  
**(Md. Rule 16-934(h))**  
**《马里兰州法规》第 16-934(h) 条**

\_\_\_\_\_  
Victim/Victim's representative/Witness (Please print.)  
受害人/受害人代表/证人(请工整填写。)

\_\_\_\_\_  
Victim/Victim's representative/Witness (Please print.)  
受害人/受害人代表/证人(请工整填写。)

\_\_\_\_\_  
\*Address  
\*地址

\_\_\_\_\_  
\*Address  
\*地址

\_\_\_\_\_  
\*City, State, Zip  
\*城市、州、邮政编码

\_\_\_\_\_  
\*City, State, Zip  
\*城市、州、邮政编码

\_\_\_\_\_  
\*Telephone Number  
\*电话号码

\_\_\_\_\_  
\*Telephone Number  
\*电话号码

\_\_\_\_\_  
\*E-mail Address  
\*电子邮件地址

\_\_\_\_\_  
\*E-mail Address  
\*电子邮件地址

I am the  victim  victim's representative  witness  State's Attorney in the case above.  
我是上述案件的 受害人 受害人代表 证人 州律师。

I am requesting the shielding of the:  
我要求屏蔽上述:

- address 地址       telephone number 电话号码       e-mail address above 电子邮件地址

The reason this information should not be disclosed is: \_\_\_\_\_  
不应披露此信息的理由是: \_\_\_\_\_

I certify that I served a copy of this request upon the following party or parties by  mailing first class mail, postage prepaid,  hand delivery, on \_\_\_\_\_ to:

Date

本人证明, 本人已将此申请的副本送达至下方当事人处, 送达方式为 邮寄一类邮件(预付邮资), 亲手交付, 送达日期为 \_\_\_\_\_ :  
日期

Name 姓名	Address 地址
Name 姓名	City, State, Zip 城市、州、邮政编码
Date 日期	Signature of Party Serving/Attorney 送达方/律师签名
	Attorney Number 律师编号

\*You can redact or remove your address and/or telephone number on the copy served to the other party(ies).  
\*您可以在送达至对方当事人处的副本上编辑或删除您的地址和/或电话号码。

**ORDER / APPROVAL**  
**命令/批准**

ORDERED/APPROVAL, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
以下人员/机构于 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 日 下达命令/批准: \_\_\_\_\_

that the above request to shield is:  Granted  Denied  Shielding not required.  
上述屏蔽请求: 被批准 被否决 未要求屏蔽。

Date 日期	Signature 签名	ID Number ID 号码
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**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 subject to blocking in accordance with Md. Rule 16-918.**  
**注意: 依据《马里兰州法规》第 16-918 条, 禁止远程获取受害人或非当事方证人的姓名、地址、电话号码、出生日期、电子邮箱地址和工作地点。**

**If your request is denied, you have the right to file a Petition to Seal or Otherwise Limit Inspection of a Case Record (form CC-DC-053).**  
**如果您的请求被拒绝, 您有权提交《密封或以其他方式限制查看案件记录申请》(表 CC-DC-053)。**