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。 如果此表单包含保密信息,请勾选此框。 MARYLAN \square CIRCUIT COURT \square DISTRICT COURT OF MARYLAND FOR 马里兰州地方法院 City/County CDICIARY 市/郡 Telephone 地址 电话 Court Address Case No. 法院地址 案件编号 VS. 诉 Petitioner Respondent Street Address, Apt. No. Street Address, Apt. No. 街道地址, 公寓号码 街道地址,公寓号码 City, State, Zip City, State, Zip 城市、州、邮编 城市、州、邮编 Home Telephone No. Work Telephone No. Home Telephone No. Work Telephone No. 家庭电话号码 工作电话号码 家庭电话号码 工作电话号码 REQUEST TO SHIELD CONSENTED-TO PROTECTIVE ORDER RECORDS 保护已同意保护令记录的请求 (Family Law § 4-512(b)(2)) (家庭法 § 4-512(b)(2)) **NOTE:** Use this form to ask the court to shield from public inspection information in a protective order case in which the respondent agreed to the order without a trial. Do not use this form for peace order cases or in final protective order cases in which the court denied or dismissed the request. The court will schedule a hearing and notify you and the other party. 备注: 使用此表单请求法院在法被告<u>同意不经听证会签发命令</u>的保护令案件中保护公众检查信息。勿将此表单用 于治安令案件、或法院否决或驳回请求的最终保护令的案件中。本院将安排听证会,并将通知您和对方。 If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form. 如果此文书包含保密信息(根据法规、规则或法令保密), 您必须根据规则第 20-201.1 条(表格 MDJ-008)在提交 本文书时随附一份有关保密信息的声明,并勾选此表格上的保密信息框。 Check one: 勾选一项: , the respondent consented to a Petition for Protection from Domestic Violence; On Date 日,被告同意防止家庭暴力的保护申请。 OR 或 , the respondent consented to Petition for Protection from Domestic On Date ___ 日,被告同意防止家庭 Violence AND is refiling this request more than one (1) year from a prior hearing to shield. 暴力的保护申请,并在先前保护听证会后超过一(1)年重新提出此请求。 Check one:

信息(表 CC-DC-077)。 All of the following statements are true:

下列所有陈述属实:

勾选一项:

to shield; OR \Box I have attached a General Waiver and Release (form CC-DC-077) of all related tort claims.

At least three (3) years have passed between the consent to entry of the protective order and the filing of the request

同意实施保护令与提出保护请求之间,至少过去三(3)年;或者 本人已随附所有相关侵权索赔的一般豁免与

- ✓ The protective order has expired. 保护令已期满。
- ✓ The respondent did not violate the protective order. 被告未违反保护令。
- ✓ The court has not previously issued a final protective or peace order against the respondent in any proceeding between the petitioner and the respondent.

本法院之前未对原告与被告间任何诉讼案中被告签发最终保护令或治安令。

- ✓ The respondent has not been found guilty of a crime arising from abuse against the petitioner. 被告未被认定犯有虐待原告的罪行。
- ✓ At the time of the hearing there are no interim or temporary protective or peace orders pending against the respondent in a proceeding between the petitioner and the respondent.

 听证时,不存在针对原告与被告间任何诉讼案中被告的待决临时或暂时保护令或治安令。
- ✓ At the time of the hearing there are no criminal charges pending against the respondent arising from alleged abuse against the petitioner.

听证时,不存在针对被告的对于原告的所谓虐待引起的未决犯罪指控。

I request that the court order the shielding of all court records relating to the above-referenced proceeding. 木人语文注除命令保护与上述诉讼相关的所有注除记录

平八月水伝院即マ床扩与上处外公相大时所有伝院比求。	
Date 日期	Petitioner / Respondent Signature 原告/被告签名
Telephone 电话	Address 地址
E-mail 电子邮箱 CERTIFICATE(
I certify that I served a copy of this petition upon the follow prepaid hand delivery, on	wing party or parties by \square mailing first-class mail, postage
本人证明,本人已将此请愿书副本送达至以下诉讼各当亲手交付,送达日期为	事人外 送达方式为 邮寄一类邮件(预付邮资)
Name 姓名	Address 地址
	City, State, Zip 市、州、邮政编码
Name 姓名	Address 地址
	City, State, Zip 市、州、邮政编码
Date 日期 OR □ I have filed the attached Motion for Service by Clerk 或者 本人已提出由书记官送达的随附动议(表 CC-DC	
Date 日期	Signature 签名