

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。

postponements) should not be made on this form.

应当在请求提供便利设施的诉讼开始前至少提前三十（30）天将便利设施请求送交给法院。不应当用本表提交具体案件相关问题（例如延期）。



COURT OF APPEALS 上诉法院 COURT OF SPECIAL APPEALS 特别上诉法院

CIRCUIT COURT 巡回法院 DISTRICT COURT OF MARYLAND FOR 马里兰州以下市/县地区法院

City/County (市/县)

Located at (地址)

Court Address (法院地址)

STATE OF MARYLAND

马里兰州
or (或)

Case No.

(案件号码)

Plaintiff/Petitioner (原告)

VS.
(诉)

Defendant/Respondent (被告)

REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY 残障人士便利设施请求

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

应当在请求提供便利设施的诉讼开始前至少提前三十（30）天将便利设施请求送交给法院。

Name of person needing accommodation:

需要便利设施的人士是:

Name of person requesting accommodation (if different person):

提出便利设施请求人士的姓名（如不同）:

Person needing accommodation is (需要便利设施的人士是):

Party (当事方) Witness (证人)

Juror (陪审员) Prospective Juror (待选陪审员) Attorney (律师) Victim (受害者) Victim's

Representative (受害者代表) Other (Specify) (其他人（请具体说明）):

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

申请人根据《美国残障人法案》（ADA）提出以下便利设施请求:

1. Type of court proceeding (诉讼程序类型):

Criminal (刑事) Civil (民事) Traffic (交通) Juvenile (青少年) Family (家庭)

Other (Specify) (其他（请具体说明）):

2. Hearing/Trial date (if any) (听证/审判日期（如有）):

Time (时间):

3. Nature of disability or impairment (specify):

残障或伤残性质（请具体说明）:

4. Type of accommodation(s) requested. Be specific.

请求的便利设施类型。请具体说明。

[Note - If requesting a **sign language interpreter**, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a **spoken language interpreter**, please use form CC-DC-041-BLC.]

[注释 — 如果请求**手语翻译**，请说明类型：美国手语翻译（ASL）、认证聋人翻译（CDI）或通讯实时翻译（CART）。如果请求**口语翻译**，请使用表格 CC-DC-041-BLC。]

5. Please provide any further information that may assist the court in providing a reasonable accommodation (specify):

请提供任何可能协助法院提供合理便利设施的进一步信息（请具体说明）:

STATE OF MARYLAND

马里兰州
or (或)

Case No. _____
(案件号码)

Plaintiff/Petitioner (原告) VS. (诉) Defendant/Respondent (被告)

I request that this information be kept confidential to the extent allowed by law.
我请求在法律许可的范围内对本信息保密。

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.
我保证，据我所知此处的信息准确无误。我同意应法院请求提供医疗文件。

Date (日期) Signature of Applicant/Applicant's Representative
(申请人/申请人代表签名)

Printed Name (用大写字母填写姓名) Telephone No. (电话号码)

Address (地址) City, State, Zip (城市、州、邮政编码)

Fax (传真) E-mail (电子邮件)

The clerk's office and the ADA Coordinator are available to provide further assistance.
书记员办公室和《美国残障人法案》(ADA) 协调员可提供进一步协助。

The request for accommodation is GRANTED; or
便利设施请求**获得批准**；或

Alternate accommodation(s) GRANTED (specify):
替代便利设施**获得批准** (请具体说明)：

The request for accommodation is DENIED.
便利设施请求**被拒绝**。

Applicant does not qualify under the ADA.
申请人不符合 ADA 资格。

It would fundamentally alter the nature of the service, program, or activity under the ADA.
这将从根本上改变根据 ADA 提供的服务、计划或活动性质。

It would create an undue burden on the court under the ADA.
根据 ADA 规定，这将给法院带来过度的负担。

Date (日期) Judge/Administrative Official (法官/行政官员) ID No. (身份证号码)

If you disagree with this decision, you can file a Grievance. (Form CC-DC-050-BLC is available for this purpose.)
如果您不同意此项决定，您可以提出投诉。(表格 CC-DC-050-BLC 可用于此项目的。)