院提交的表格必须用英语填写。 巡回法院 马里兰州地区法院 City/County DICIARY 市/县 Located at Case No. 案件编号 地址 Court Address 法院地址 STATE OF MARYLAND VS. 马里兰州 诉 Defendant 被告 CONFIDENTIAL SUPPLEMENT 保密补充资料 (Request for Shielding of Information in Criminal Case) (刑事案件中的信息屏蔽申请) Victim Victim's Representative Complainant 受害者 受害者代表 原告 证人 requests shielding due to: 申请屏蔽,原因为: threats to safety made by defendant or person(s) on defendant's behalf. 被告或他人代表被告作出的安全威胁。 act of violence by defendant or person(s) on defendant's behalf. 被告或他人代表被告作出的暴力行为。 a felony act or delinquent act that should be a felony if committed by an adult. 重罪或如由成年人实施应视为重罪的违法行为。 a domestically related crime under Criminal Procedure § 6-233, or a delinquent act that would be a domestically related crime if committed by an adult. 《刑事诉讼程序》第 6-233 条规定的与家庭有关的犯罪,或如由成年人实施应视为与家庭有关的犯罪的违 法行为。 Other: 其他: Victim/Victim's Representative/Complainant/Witness (Please print.) Victim/Victim's Representative/Complainant/Witness (Please print.) 受害者/受害者代表/原告/证人(用大写字母填写) 受害者/受害者代表/原告/证人(用大写字母填写) Address Address 地址 地址 City, State, Zip City, State, Zip 城市、州、邮编 城市、州、邮编 Telephone Number Telephone Number 电话号码 电话号码

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

Victim/Victim's Representative/Complainant/Witness (Please print.)		Victim/Victim's Representative/Complainant/Witness (Please print.)	
受害者/受害者代表/原告/证人(用大写字母填写)		受害者/受害者代表/原告/证人(用大写字母填写)	
Address 地址		Address 地址	
City, State, Zip 城市、州、邮编		City, State, Zip 城市、州、邮编	
Telephone Number 电话号码		Telephone Number 电话号码	
<u> </u>	ne contents of this document are true to 个人所知所信,此文件内容真实。	the best of my knowledge, informat	tion, and belief.
Date 日期		Victim/Victim's Representative/Complainant/Witness Signature 受害者/受害者代表/原告/证人签名	
□ Approved 批准	□ Denied 拒绝	□ Shielding Not Required 不需要屏蔽信息	
Date 日期		Commissioner/Judge 专员/法官	 ID Number 身份证号码

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 blocked. (Md. Rule 16-918) 通知:不可远程获取受害者或非诉讼方证人的姓名、地址、电话号码、出生日期、电子邮件地址和工作单位。(《马里兰

州规则》第 16-918 条)