

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。



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR  
巡回法庭 马里兰州地区法庭

City/County  
城市/县

Located at  
位置

Case No.  
案件编号

Court Address  
法院地址

STATE OF MARYLAND  
马里兰州

vs.  
诉

Appellant  
上诉人

Address  
地址

City, State, Zip  
城市、州、邮编

Telephone  
电话号码

### NOTICE OF APPEAL FOR CRIMINAL MATTERS 刑事上诉通知书

The appellant appeals the decision in this case to the proper appellate court.  
上诉人根据本案的判决向适当的上诉法院上诉。

- The appellant requests the court to waive court costs, because they are unable to afford the expenses as will more fully appear in the attached financial statement and statement of earnings:  
上诉人请求法院免除收取诉讼费用, 因为他们无法承担这些费用, 所附的财务状况声明和收入声明充分显示了其经济情况:
- Request for Waiver of Prepaid Costs for Assembling the Record for an Appeal (form CC-DC-091)  
要求免除收取准备上诉记录需预付的费用(表格 CC-DC-091)
- Request for Waiver of Prepaid Appellate Costs (form CC-DC-092)  
请求免除收取需预付的上诉费用(表格 CC-DC-092)

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

我郑重地确认, 据我所知所信, 本文件中的内容真实无误, 如有不实之处甘愿受作伪证之处罚。

<p>Date 日期</p> <hr/> <p>Check if applicable: 如果适用请选择:</p> <p>I hereby certify that I am an attorney 我在此证明我是一名律师</p> <p><input type="checkbox"/> with the Public Defender's Office. 隶属公共辩护律师办公室。</p> <p><input type="checkbox"/> assigned by Legal Aid Bureau, Inc. 由 Legal Aid Bureau, Inc. 指派。</p> <p><input type="checkbox"/> assigned by other legal services organization that accepts as clients only those persons meeting the financial eligibility criteria established by the Federal Legal Services Corporation or other appropriate governmental agency. 由其他法律服务机构指派, 这些机构只接受符合联邦法律服务公司或其他适当政府机构所制定的财务资格标准的人士为客户。</p> <hr/> <p style="text-align: center;">Signature 签名</p>	<p>Signature of Appellant/Appellant's Attorney 上诉人签名/上诉人律师</p> <hr/> <p>Printed Name 正楷姓名</p> <hr/> <p>Address 地址</p> <hr/> <p>City, State, Zip 城市、州、邮编</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Telephone 电话</td> <td style="width: 50%; text-align: center;">Fax 传真</td> </tr> </table> <hr/> <p style="text-align: center;">E-mail 电子邮箱</p>	Telephone 电话	Fax 传真	<p>Attorney Number (律师编号)</p>
Telephone 电话	Fax 传真			

**CERTIFICATE OF SERVICE**  
**送达证明**

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

Date

本人证明, 本人已将此通知副本送达至以下诉讼各当事人处, 送达方式为 亲手交付 邮寄一类邮件(预付邮资), 送达日期为 \_\_\_\_\_ :  
日期

Name 姓名	Address 地址
	City, State, Zip 城市、州、邮编
Name 姓名	Address 地址
	City, State, Zip 城市、州、邮编

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Date  
日期

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Signature of Party Serving  
送达方签名