

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 马里兰地区法庭

City/County  
 城市/郡

Located at  
 地址

Case No.  
 案件编号

Court Address  
 法庭地址

Name of Petitioner on Original Court Order  
 原法院命令上的原告姓名

VS.  
 诉

Name of Respondent on Original Court Order  
 原法院命令上的被告姓名

Street Address, Apt. No.  
 街道地址, 公寓门牌号

Street Address, Apt. No.  
 街道地址, 公寓门牌号

City, State, Zip  
 城市、州、邮编

City, State, Zip  
 城市、州、邮编

Home Telephone No.  
 家庭电话号码

Work Telephone No.  
 工作电话号码

Home Telephone No.  
 家庭电话号码

Work Telephone No.  
 工作电话号码

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER**  
**人身保护令申请书附录**  
**(DESCRIPTION OF RESPONDENT)**  
**(被告阐述)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.  
 未在本附录上提供相关信息可能会妨碍执法部门执行法院的保护令。这可能会危及您或其他受保护方的安全。请提供尽可能多的信息。

**DESCRIPTION OF RESPONDENT**  
**被告阐述**  
 (Alleged Abuser)  
 指称的施虐者

<b>Full Name:</b> 全名:		<b>Date of Birth:</b> 出生日期:		<b>Approximate Age:</b> 大致年龄:		
<b>Race:</b> 种族:	<b>Sex:</b> 性别:	<b>Height:</b> 身高:	<b>Weight:</b> 体重:	<b>Hair Color:</b> 头发颜色:	<b>Eye Color:</b> 眼睛颜色:	<b>Skin Tone (Light/Medium/Dark):</b> 肤色(浅/中/深):
Scars, Tattoos (where on body and description): 疤痕、纹身(位置和描述):						
Home Address: 家庭住址:						
City, State, Zip: 城市、州、邮编						
Telephone/Cell Number: 电话/手机号码:						

Employer: 雇主:				Work Hours: 工作时间:
Work Address: 工作地址:				
City, State, Zip: 城市、州、邮编				Telephone Number: 电话号码:
Vehicle Make: 车辆品牌:	Model/Color: 型号/车身颜色:	Year: 年份:	Tag #: 车牌:	State: 登记州:
Weapons: 武器登记:				
Other locations or information about respondent: 关于被告的其他位置或信息: _____				

**PETITIONER**

**原告**

(Person Requesting Assistance)

(请求援助的一方)

Full Name: 全名:		Date of Birth: 出生日期:		Age: 年龄:
Race: 种族:	Sex: 性别:	Height: 身高:	Weight: 体重:	

**INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED**

**原告希望得到保护的其他人员的信息**

Full Name: 全名:	Race: 种族:	Sex: 性别:	Date of Birth: 出生日期:	Weight: 体重:	Approx. Age: 大致年龄:
Full Name: 全名:	Race: 种族:	Sex: 性别:	Date of Birth: 出生日期:	Weight: 体重:	Approx. Age: 大致年龄:
Full Name: 全名:	Race: 种族:	Sex: 性别:	Date of Birth: 出生日期:	Weight: 体重:	Approx. Age: 大致年龄:
Full Name: 全名:	Race: 种族:	Sex: 性别:	Date of Birth: 出生日期:	Weight: 体重:	Approx. Age: 大致年龄:

Petitioner's Signature:

Date:

原告签名: \_\_\_\_\_ 日期: \_\_\_\_\_

Petitioner's Telephone Number:

原告电话号码: \_\_\_\_\_