

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. 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。不当用本表提交具体案件相关问题(例如延期)。



SUPREME COURT OF MARYLAND APPELLATE COURT OF MARYLAND

马里兰州最高法院 马里兰州上诉法院

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____

巡回法院 马里兰州以下市/县地区法院 _____

City/County
市/县

Located at _____ Telephone _____
位于 _____ 电话 _____

Court Address
法院地址

STATE OF MARYLAND
马里兰州

Case No. _____
案件号码 _____

or
或

VS.
诉

Plaintiff/Petitioner
原告

Defendant/Respondent
被告

REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY

为残疾人士提供便利的申请

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

住宿要求应在要求住宿的诉讼程序进行前不少于三十(30)天向法院提出。

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: Party Witness Juror Prospective Juror Attorney

需要便利设施的人士是: 当事方 证人 陪审员 待选陪审员 律师

Victim Victim's Representative Other (specify): _____

受害者 受害者代表 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 Civil Traffic Juvenile Family Other (specify): _____

刑事 民事 交通 青少年 家庭 其他(请具体说明): _____

2. Hearing/Trial date (if any): _____ Time: _____

听证/审判日期(如有): _____ 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.

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。

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**): _____

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 | Attorney Number 律师编号 |
| Printed Name 正楷姓名 | | Telephone Number 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 clerks'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。