

Forms have bilingual format for your convenience, but must be completed and filed with the court in English  
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。



DISTRICT COURT OF MARYLAND FOR

地区法院 — 马里兰州

City/County (市/县)

RELATED CASES:  
(相关案例: )

LOCATED AT (地址)  
(COURT ADDRESS) (法院地址)

DISTRICT COURT  
CASE NUMBER  
(地区法院  
案例编号)

COMPLAINANT (原告)

DEFENDANT (被告)

Printed Name (用大写字母填写姓名)

Printed Name (用大写字母填写姓名)

Address (地址)

Address (地址)

City, State, Zip (城市、州、邮政编码)

Telephone (电话)

City, State, Zip (城市、州、邮政编码)

Telephone (电话)

Agency, sub-agency, and I.D. #  
(机构、分支机构和身份代码)

(Officer Only)  
(仅限警官填写)

CC#

DEFENDANT'S DESCRIPTION: Driver's License#  
(被告描述: 驾照号码)

Sex (性别) Race (种族) Ht (身高) Wt (体重)

Hair (头发) Eyes (眼睛) Complexion (肤色) Other (其他)

DOB (出生日期) ID (身份号码)

APPLICATION FOR STATEMENT OF CHARGES

起诉书申请

Page 1 of \_\_\_\_\_  
(第 1 页/共 \_\_\_ 页)

I, the undersigned, apply for statement of charges and a summons or warrant which may lead to the arrest of the above named Defendant because on or about (本人, 以下签名人, 申请下达可能导致逮捕上述姓名之被告的起诉书和传票或命令, 因为在以下日期或大约以下日期) \_\_\_\_\_ at (在) \_\_\_\_\_, the above named Defendant (上述被告)

(Concise statement of facts showing that there is probable cause to believe that a crime has been committed and that the Defendant has committed it):  
(简要说明事实, 显示发生犯罪以及被告是犯罪人的合理理由):

(Continued on attached \_\_\_\_\_ pages) (DC-CR-001A)  
(下接随附的 \_\_\_\_\_ 页说明) (DC-CR-001A)

I solemnly affirm under the penalties of perjury that the contents of this Application are true to the best of my knowledge, information, and belief. (我郑重地确认, 据我所知所信, 本申请中的内容真实无误, 如有不实之处甘愿受作伪证之处罚。)

Date (日期)

Officer's Signature (警官签名)

Printed Name (用大写字母填写姓名)

I have read or had read to me and I understand the Notice on the back of this form. (我已经阅读或已经有人向我阅读本表背面的通知, 我理解通知内容。)

Date (日期)

Applicant's Signature (申请人签名)

Printed Name (用大写字母填写姓名)

Subscribed and sworn to before me this (在我面前签名和起誓, 签名和起誓日期为) \_\_\_\_\_ day of (日) \_\_\_\_\_ Month (月) Year (年)

Time: (时间: )  AM (上午)  PM (下午)

Judge/Commissioner (法官/专员)

I.D. No. (身份代码)

TRACKING NUMBER  
(追踪号码)

I understand that a charging document will be issued and that I must appear for trial (我理解, 将颁发起诉文件, 我必须在以下日期和时间: )  on \_\_\_\_\_ at \_\_\_\_\_ ,  
Date (日期) Time (时间)

when notified by the Clerk, at the court location shown at the top of this form. (在接到书记官的通知后, 在本表上方显示的法院地点出席审判。)

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Applicant's Signature (申请人签名)

Applicant requests reasonable protection for safety of the alleged victim or the victim's family (申请人需要就受害者或受害者家人请求合理的安全保护)

I have advised applicant of shielding right. (我已经将屏蔽权告知申请人。)  
(Describe)(请说明)

Applicant declines shielding. (申请人拒绝屏蔽。)

I declined to issue a charging document because of lack of probable cause. (因缺乏合理的理由, 我拒绝签发起诉文件。)

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Date (日期)

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Commissioner (专员)

I.D. No.  
(身份代码)

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Printed Name (用大写字母填写姓名)

TRACKING NUMBER  
(追踪号码)

## NOTICE TO APPLICANT FOR A CHARGING DOCUMENT 向起诉文件申请人发出的通知

You are making an application for a charging document which may lead to the arrest and detention of the individual you are charging. If, as result of your application, a charging document is issued by the commissioner, it will not be possible for the commissioner to withdraw the document. The charge may only be disposed of by trial or by action of the State's Attorney.

(您在提出签发起诉文件的申请, 这可能导致逮捕和扣留被您起诉的人。专员一旦基于您的申请签发起诉文件, 就不能撤销该文件。该起诉只能通过审判或州检察官的行动撤销。)

You will be required to appear at the trial as a witness. Failure to appear on the date set by the court could result in your arrest for failure to obey a court order.

(将会要求您作为证人出席审判。不在法院规定的日期出庭将导致您因不服从法院命令而被逮捕。)

The application which you are filing is being filed under oath. Criminal Law Article § 9-503, of the Annotated Code of Maryland provides that any person who makes a false statement or report of a crime or causes such a false report or statement to be made to any official or agency of this State, knowing the same, or any material part thereof, to be false, and with intent that such official or agency investigate, consider or take action in connection with such statement or report, shall be subject to a fine of not more than \$500, or be imprisoned not more than six (6) months, or be both fined and imprisoned, in the discretion of the court.

(您正在提交的申请是起誓后提交的文件。《马里兰州注释法典》中的《刑法条款》第 9-503 款规定, 任何人向本州任何官员或机构作出虚假犯罪陈述或报告或促使他人作出此类虚假犯罪报告或陈述, 同时了解该陈述或报告或其任何重要部分是虚假信息, 旨在让此等官员或机构根据此类陈述或报告开展调查、审查或采取行动, 将由法院酌情处以不超过 \$500 的罚款、或处以不超过六 (6) 个月的监禁、或二者并罚。)

It is essential that you furnish as much information as possible about the offense. To be sure that your information is adequate, your application should clearly state the following:

(请务必提供有关犯罪行为的尽量详细的信息。为确保提供完备的信息, 您的申请应当明确说明以下各项: )

1. WHO? (谁? )

Identify the accused, (the person you are complaining about), and identify yourself.

(指明被告 (您控告的人) 和您自己的身份。)

2. WHEN? (何时? )

The time, day, month and year of the offense.

(犯罪行为发生的时间、日期、月份和年份。)

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3. WHERE? (何地?)

The exact address and street, the city, county and state where the offense happened. Also state whether the offense happened in a private home or in some public place.

(犯罪行为发生的确切地址和街道、城市、县和州。另外说明犯罪行为是发生在私人住宅还是某个公共场所。)

4. WHAT? (什么?)

State exactly what was done to you. For example: if property was taken, describe it and its value; or, if property was damaged or destroyed, indicate the original cost of the item or its replacement value. If you do not know the exact value, estimate it as accurately as possible.

(明确说明犯罪人对您的犯罪行为。例如：如果财产被拿走，描述是哪些财产及其价值；如果财产被损坏或销毁，说明物品的原有价格或取代该物品的价值。如果您不知道确切的价值，尽量准确地估计其价值。)

5. WHY? (为什么?)

The facts you give must show the accused intended to commit a criminal act.

(您提供的事实应当显示被告有意犯罪。)

6. HOW? (怎样?)

How the accused committed the offense. For example, if you were physically assaulted, were you struck with a fist, a flat hand, kicked, or pushed, or were you struck with an object, such as a club or pipe, etc.? If property was taken, how did the accused get it? If it was destroyed or damaged, how did the accused cause the damage?

(被告怎样实施犯罪行为。例如，如果您身体受到攻击，被告是对您拳击、掌掴、脚踢、推搡还是用物体（例如棍棒或管子等）打您？如果财产被拿走，被告如何拿走财产？如果财产被销毁或损坏，被告如何造成财产损失？)

7. At the top of the application, you will notice a space marked "DESCRIPTION". The information in this space refers to the **accused**. It is important to furnish as much of this as possible so that the accused may be easily identified.

(在申请表上方，您会看到一个标记为“描述”的空白栏目。该空白栏目中的信息是指**被告**。请务必提供尽量详细的信息，以便识别被告。)

You are entitled to request that the address and telephone number of a victim, complainant or a witness be considered for shielding at the filing of this application.

(您在提交本申请时有权要求对受害者、原告或证人的地址和电话号码进行屏蔽。)

If you need further assistance in completing your application, please feel free to ask the commissioner.

(如果您在填写申请时需要接受进一步协助，请随时向专员洽询。)

**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 16-910)**

(通知：不可远程存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。(《马里兰州法规》第 16-910 条))

(重设)