

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 FOR _____, MARYLAND
巡回法院 _____, 马里兰州

City/County
市/郡

Located at _____ Case No. _____
地址 _____ 案件编号 _____

Court Address
法院地址

STATE OF MARYLAND
马里兰州

OR
或

Appellant/Applicant
上诉人/申请人

vs.
诉

Appellee/Respondent
被上诉人/被申请人

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

E-mail
电子邮箱

E-mail
电子邮箱

APPLICATION FOR LEAVE TO APPEAL
上诉许可申请
(Md. Rule 8-204)
(《马里兰州规则》第 8-204 条)

_____, applies for leave to appeal from the judgment or order
Appellant's /Applicant's name
entered in this case on _____ .
Date

_____, 针对本案中于
上诉人/申请人姓名
作出的判决或命令申请上诉许可。
日期

ALLEGATIONS OF ERROR
错误指控

Give a brief but complete statement of the reasons why the judgment or order should be reversed or modified and specify the errors that you claim the circuit court committed. Include facts to support your claims(s).
请简要但完整说明应撤销或修改判决或命令的理由，并说明您指控巡回法院犯下了哪些错误。请包含支持指控的事实。

include additional pages if needed
如有需要，请另附纸页

Date 日期	
Address 地址	
City, State, Zip 城市、州、邮政编码	
Telephone 电话	Fax 传真

Signature of Appealing Party/Attorney 上诉方/律师签名	Attorney Number 律师编号
Printed Name 楷签	
E-mail 电子邮箱	

CERTIFICATE OF SERVICE

送达证明

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

Date

本人证明, 本人已将此文件副本送达至以下诉讼各当事人处, 送达方式为 以电子方式提交 亲手交付 邮寄一类邮件(预付邮资), 送达日期为 _____ :
日期

Attorney General of Maryland
Criminal Appeals Division, 200 St. Paul Place
Baltimore MD 21202 or
马里兰州总检察长
刑事上诉处, 200 St. Paul Place
Baltimore MD 21202 或

Name 姓名
Name 姓名
Date 日期

Address 地址
City, State, Zip 城市、州、邮政编码
Address 地址
City, State, Zip 城市、州、邮政编码
Signature of Party Serving 送达方签名