

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。



巡回法院 马里兰州地方法院

City/County  
市/县

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
地址 \_\_\_\_\_ 电话 \_\_\_\_\_

Court Address  
法院地址

STATE OF MARYLAND  
马里兰州

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

OR  
或

VS.  
诉

Name  
姓名

Name  
姓名

Address  
地址

Address  
地址

City, State, Zip  
城市、州、邮编

City, State, Zip  
城市、州、邮编

**MOTION FOR REMOTE PARTICIPATION**  
**远程出庭动议**

(Md. Rules 21-201; 21-301; 3-513.1)

(《马里兰州法规》第 21-201、21-301 和 3-513.1 条)

**NOTE: If you are requesting to appear remotely due to a disability, please also separately file form CC-DC-049.**

**注意: 如果您因残疾要请求远程出庭, 还请另行提交表格CC-DC-049。**

1. The following proceeding is scheduled for \_\_\_\_\_ :  
Date

以下诉讼安排在 \_\_\_\_\_ :  
日期

Scheduling conference  
安排会议

Hearing (describe): \_\_\_\_\_  
听证会 (请说明): \_\_\_\_\_

Evidentiary hearing  
证据听证会

Pre-trial conference  
审前会议

Trial  
庭审

Other (describe): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

2. I ask that the following people be allowed to participate from a location other than the courtroom

我请求允许以下人员在法庭以外的地点出庭

(choose all that apply):

(请选择所有适用项):

Plaintiff/Petitioner: \_\_\_\_\_

Name

原告/申请人: \_\_\_\_\_

姓名

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

Telephone Number  
电话号码

Requested method of participation:  
申请的出庭方式:

Telephone  
电话

Video Conferencing  
视频会议

Other (*describe*): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

Defendant/Respondent: \_\_\_\_\_  
被告/被申请人: \_\_\_\_\_

Name  
姓名

Telephone Number  
电话号码

**(If applicable):**  
**(如果适用):**

E-mail  
电子邮箱

ID Number  
ID 编号

Requested method of participation:  
申请的出庭方式:

Telephone  
电话

Video Conferencing  
视频会议

Other (*describe*): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

Plaintiff/Petitioner's Attorney: \_\_\_\_\_  
原告/申请人律师: \_\_\_\_\_

Name  
姓名

Facility of Incarceration  
监禁设施

Telephone Number  
电话号码

Requested method of participation:  
申请的出庭方式:

Telephone  
电话

Video Conferencing  
视频会议

Other (*describe*): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

Defendant/Respondent's Attorney: \_\_\_\_\_  
被告/被申请人律师: \_\_\_\_\_

Name  
姓名

E-mail  
电子邮箱

Telephone Number  
电话号码

Requested method of participation:  
申请的出庭方式:

Telephone  
电话

Video Conferencing  
视频会议

Other (*describe*): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

Witness: \_\_\_\_\_  
证人: \_\_\_\_\_

Name  
姓名

E-mail  
电子邮箱

---

Telephone Number  
电话号码

Requested method of participation:  Telephone  Video Conferencing  
申请的出庭方式: 电话 视频会议

Other (*describe*): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

Other: \_\_\_\_\_  
其他: \_\_\_\_\_

Name  
姓名

---

Telephone Number  
电话号码

Requested method of participation:  Telephone  Video Conferencing  
申请的出庭方式: 电话 视频会议

Other (*describe*): \_\_\_\_\_  
其他 (请说明): \_\_\_\_\_

3. I ask this for:  
本人请求远程出庭的理由如下:
- Confidential reasons, and I have filed form CC-DC-049.  
保密理由, 且本人已提交表格 CC-DC-049。
- Other reason(s) (please state your reason(s) in detail):  
其他理由 (请详细说明您的理由): \_\_\_\_\_

4.  The attorney and client will be able to communicate confidentially by:  
通过以下方式, 律师和客户将能够秘密沟通:
- 
- Complete only if the person appearing remotely is an attorney or a person represented by an attorney.  
仅当远程出庭之人系律师或由律师代表之人时填写该项。

5. The person participating remotely will have access to documents, photographs and other items presented in the courtroom by:  
通过以下方式, 远程出庭之人将有权查阅在法庭上出示的文件、照片和其他物品:
- 

6. A spoken or sign language interpreter (*choose one*):  
口语或手语翻译人员 (请选择一项):
- is not required by the person appearing remotely.  
远程出庭之人未作要求。
- is required by the person appearing remotely.  
远程出庭之人已作要求。
- \*For a spoken language interpreter, complete and file a Request for Spoken Language Interpreter (CC-DC-041).  
\*如需口语翻译人员, 请填写并提交《口语翻译人员 申请》(CC-DC-041)。
- \*For a sign language interpreter, complete and file a Request for Accommodation for Person with

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

Disability (CC-DC-049).

\*如需手语翻译人员, 请填写并提交《残障人士便利 申请》(CC-DC-049)。

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature  
签名

\_\_\_\_\_  
Attorney Number  
律师编号

\_\_\_\_\_  
Printed Name  
正楷姓名

\_\_\_\_\_  
Telephone Number  
电话号码

\_\_\_\_\_  
Address  
地址

\_\_\_\_\_  
Fax  
传真

\_\_\_\_\_  
City, State, Zip  
城市、州、邮政编码

\_\_\_\_\_  
E-mail  
电子邮箱

**CERTIFICATE OF SERVICE**  
**送达证明**

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

本人证明, 本人已将此动议副本送达以下诉讼当事人, 送达方式为 邮寄一类邮件(预付邮资) 亲手交付 其他 \_\_\_\_\_, 送达日期为 \_\_\_\_\_ :  
日期

\_\_\_\_\_  
Name  
姓名

\_\_\_\_\_  
Address  
地址

\_\_\_\_\_  
City, State, Zip  
城市、州、邮政编码

\_\_\_\_\_  
Name  
姓名

\_\_\_\_\_  
Address  
地址

\_\_\_\_\_  
City, State, Zip  
城市、州、邮政编码

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature of Party Serving  
送达方签名