

Mark this box if this form contains Restricted Information.

如果此表单包含保密信息, 请勾选此框。



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 \_\_\_\_\_

Plaintiff 1  
原告 1

Street Address  
街道地址

City, State, Zip  
城市、州、邮政编码

Telephone  
电话

Plaintiff 2  
原告 2

Street Address  
街道地址

City, State, Zip  
城市、州、邮政编码

Telephone  
电话

VS.  
诉

Defendant 1  
被告 1

Street Address  
街道地址

City, State, Zip  
城市、州、邮政编码

Telephone  
电话

Defendant 2  
被告 2

Street Address  
街道地址

City, State, Zip  
城市、州、邮政编码

Telephone  
电话

APPLICATION FOR THE ISSUANCE OF A WARRANT

令状签发申请

(Md. Code, Family Law Art., § 9.5-311)

(《马里兰州法典》家庭法条款第 9.5-311 条)

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

仅限马里兰州电子法院 (MDEC) 各郡: 如果此文书包含保密信息 (根据法规、规则或法令保密), 您必须根据规则第 20-201.1 条 (表格 MDJ-008) 在提交本文书时随附一份有关保密信息的声明, 并勾选此表格上的保密信息框。

Based on the information provided in the accompanying Petition for Enforcement of an Out-of-State Child Custody Order (CC-DR-078), I/we request that the court issue a warrant to take physical custody of the following child(ren):

根据附件《强制执行州外子女监护令申请》(CC-DR-078) 中提供的信息, 我/我们请求法院签发一份令状来对以下子女进行人身监护:

Name(s) 姓名	Date(s) of birth 出生日期

Case No: \_\_\_\_\_  
案件编号: \_\_\_\_\_

It is necessary for the court to take physical custody of the child(ren) for at least one of the following reasons:  
至少出于以下任一理由, 法院有必要对子女进行人身监护:

The child(ren) is/are **IMMEDIATELY** likely to suffer serious physical harm for the following reasons:  
出于以下原因, 子女可能面临**紧迫**的重大人身伤害:

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The child(ren) is/are likely to be removed from Maryland:  
子女很可能被带离马里兰州:

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I/We solemnly affirm and verify under the penalties of perjury that the contents of this document are true to the best of my/our knowledge, information, and belief.  
我/我们郑重地确认并证实, 据我/我们所知所信, 本文件中的内容真实无误, 如有不实之处甘愿受作伪证之处罚。

Date 日期	Signature of Plaintiff 1/Attorney 原告 1/律师签名	Attorney Number 律师编号
	Printed Name 楷签	
	Address 地址	
	City, State, Zip 城市、州、邮政编码	
	Telephone Number 电话号码	
	E-mail 电子邮件	Fax 传真
Date 日期	Signature of Plaintiff 2/Attorney 原告 2/律师签名	Attorney Number 律师编号

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Printed Name  
楷签

Case No: \_\_\_\_\_  
案件编号: \_\_\_\_\_

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Address  
地址

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City, State, Zip  
城市、州、邮政编码

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Telephone Number  
电话号码

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E-mail  
电子邮件

Fax  
传真