

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

City/County
市/郡

Located at
地址

Telephone
电话

Court Address
法院地址

Case No.
案件编号

Plaintiff
原告

VS.
诉

Defendant
被告

Address
地址

Address
地址

City, State, Zip
城市、州、邮编

City, State, Zip
城市、州、邮编

**REQUEST TO SUBSTITUTE MEDIATOR AND SELECTION
OF MEDIATOR BY STIPULATION**
调解员替换请求及按规定选择调解员

We agree to attend mediation proceedings pursuant to Md. Rule 9-205 conducted by:
我们同意根据《马里兰州规则》第 9-205 条参加由以下调解员执行的调解程序：

Name of Mediation Program or Mediator
调解计划名称或调解员姓名

Address
地址

City, State, Zip
城市、州、邮政编码

Telephone Number
电话号码

and we have made payment arrangements with the mediator. We request that the court substitute this mediator for the mediator designated by the court.
且我们已与调解员作出付款安排。我们请求法院使用该调解员替换法院指定的调解员。

Plaintiff /Attorney Signature
原告/律师签名

Attorney Number
律师编号

Defendant /Attorney Signature
被告/律师签名

Attorney Number
律师编号

Printed Name
楷签

Printed Name
楷签

Address
地址

Address
地址

Case No: _____
案件编号: _____

City, State, Zip
城市、州、邮编

City, State, Zip
城市、州、邮编

Telephone Number
电话号码

Telephone Number
电话号码

Fax
传真

Fax
传真

E-mail
电子邮箱

E-mail
电子邮箱

I, _____, agree to conduct mediation proceedings in the
Name of Mediator
above-captioned case in accordance with Md. Rule 9-205(e), (f), (g), (h), (i), (j), and (k).

本人, _____, 同意根据《马里兰州规则》第 9-205(e)、(f)、
调解员姓名
(g)、(h)、(i)、(j) 和 (k) 条在上诉案件中执行调解程序。

I solemnly affirm under the penalties of perjury that I have the qualifications prescribed by Md. Rule 9-205(d)(5).
本人郑重确认, 本人拥有《马里兰州规则》第 9-205(d)(5) 条规定的资质, 如有不实之处甘愿受作伪证之处罚。

Date
日期

Mediator's Signature
调解员签名

***For information about Mediation and how to apply for a fee waiver please contact
the Family Support Services Coordinator in your County/City.***
如需了解有关调解以及如何申请费用减免的信息, 请联系您所在郡/市的家庭支持服务协调员。