

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

SITTING AS A JUVENILE COURT
作为少年法庭而设立

Located at _____
地址 _____

Court Address
法院地址

* Case Number(s):

* 案件编号:

*

*

*

*

In The Matter of: _____

关于: _____

Respondent / Petitioner

被申请人/请愿人

DOB: _____

出生日期: _____

REQUEST FOR IDENTIFICATION OF VICTIM(S), FAMILY MEMBER(S) AND
LAW ENFORCEMENT AGENCY(S)

受害者、家庭成员和执法机关的身份确认请求

TO: _____

接收者: _____

State's Attorney for _____

州检察长

Street Address
街道地址

City
城市

State
州

Zip Code
邮政编码

The enclosed Petition for Expungement of Juvenile Records has been filed in the above-captioned case:.

附件少年记录删除请愿书已在上述案件中提交:。

By _____ please provide this office with the following information, as set out

Date

in your records in the above-captioned case.

请在 _____ 之前按照您在上述案件中的记录，向本办公室提供以下信息。

日期

- “Victim” means a person against whom a delinquent act has been committed or attempted.
“受害者”是指对其已实施或试图实施少年犯罪行为的人。
- “Family member” is an individual who: (1) is a family member of a victim, and (2) attended the adjudication in the above-captioned case.
“家庭成员”是指: (1) 受害者的家庭成员, 并且 (2) 已出席上述案件裁决的个人。

See, Maryland Code, Courts and Judicial Proceedings Article, § 3-8A-27.1(a)(4), (b)(2)(ii).

请参见《马里兰州法典》的法院及司法程序条款第 3-8A-27.1(a)(4)、(b)(2)(ii) 条。

A. Victim(s)
受害者

Name 姓名	Address 地址

State's Attorney's records do not identify any victims.
州检察长的记录并未确认任何受害者的身份。

This form is available electronically through mdcourts.gov/courtforms/.
此表格可通过 mdcourts.gov/courtforms/ 以电子方式获取。

B. Family Member(s)
家庭成员

Name 姓名	Address 地址

State's Attorney's records do not identify any family members.
州检察长的记录并未确认任何家庭成员的身份。

C. Involved law enforcement agency(s); booking facility(s)
涉案执法机关; 记名警告机关

Name 姓名	Address 地址	Report/Arrest Number 报案/逮捕编号

State's Attorney's records do not identify any law enforcement agency or booking facility.
州检察长的记录并未确认任何执法机关或记名警告机关的身份。

Case No. _____
案件编号 _____

Date
日期

Clerk/Deputy Clerk
书记官/副书记官

Submitted by:
提交人:

Date
日期

Signature
签名

Name/Title
姓名/职务

Address
地址

City/State/Zip Code
城市/州/邮政编码

Telephone Number/ Fax Number/ E-mail Address
电话号码/传真号码/电子邮箱地址

This form is available electronically through mdcourts.gov/courtforms/.
此表格可通过 mdcourts.gov/courtforms/ 以电子方式获取。