

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。



马里兰州地区法院

Located at
地址

Court Address
法院地址

City/County
城市/县

Case No.
案件编号

vs.
诉

Plaintiff/Petitioner
原告

Defendant/Respondent
被告

CIVIL APPEAL/REQUEST FOR TRANSCRIPT

民事上诉/庭审记录请求

(APPL)
(上诉)

(TRSC)
(庭审记录)

To the Clerk:
致书记官:

Please note an appeal in the case referenced above for: trial decision dated _____

请注意上述案件的上诉旨在针对: 审判决定, 日期为 _____

outcome of motion hearing dated _____ denial of motion dated _____

动议聆讯结果, 日期为 _____ 动议否决, 日期为 _____

Appellant is the _____ in the said case:

上述案件中的上诉人为 _____:

District Court cost of \$10 enclosed. (Not applicable to domestic violence appeals.)

随附地区法院诉讼费 10 美元。(不适用于家庭暴力上诉。)

Advance circuit court filing fee and surcharge enclosed:

随附巡回法院预审申请费和附加费:

Domestic violence case \$0
家庭暴力案件 0 美元

Application for Expungement of Police Records \$115
删除警察记录申请 115 美元

Maryland Second Chance Act Shielding \$115
《马里兰州第二次机会法案》保护费 115 美元

Other \$165 (checks made payable to Circuit Court)
其他费用 165 美元(支票抬头人为巡回法院)

Appellant, as an indigent, seeks a waiver of costs. (CC-DC-092 – Request for Waiver of Prepaid Appellate Costs / CC-DC-91 – Request for Waiver of Prepaid Costs for Assembling the Record for an Appeal)

上诉人作为一名贫困者要求免除费用。(CC-DC-092 – 预付上诉费用豁免申请 / CC-DC-91 – 上诉记录收集预付费用豁免申请)

Appellant is represented by Maryland Legal Aid, attorney or other eligible legal services corporation, and therefore, exempt from filing fee.

上诉人由 Maryland Legal Aid、律师或其他符合条件的法律服务公司代理, 因此免交申请费。

My claim exceeds \$5,000 and I am enclosing a deposit of \$75 for the required transcript.

我的申索金额超过 5,000 美元, 同时附上 75 美元押金用于所需的庭审记录。

NOTE: On appeal, a transcript of the District Court proceeding is required when the claim amount exceeds \$5,000 exclusive of interest, costs, and attorney’s fees. The cost is \$3 per page for an original transcript and one copy. A deposit of \$75 is required when the transcript is requested. You will be billed for the balance. The appeal will not be forwarded until all costs, including the cost of the transcript, have been paid in full.

注: 在上诉时, 若除去利息、费用和律师费外, 申索金额超过 5,000 美元, 则需要提供地区法院的诉讼庭审记录。一份原件庭审记录和一份复印件每页 3 美元。在要求提供庭审记录时, 需要缴纳 75 美元押金。随后您将收到其他剩余费用的账单。上诉仅会在所有费用(包括庭审记录费用)付讫后才会被受理。

Date 日期
Telephone Number 电话号码
Fax 传真
E-mail 电子邮件

Signature of Appellant/Attorney/Attorney Code 上诉人/律师签名/律师代码	Attorney Number 律师编号
Printed Name 正楷姓名	
Address 地址	
City, State, Zip 城市、州、邮编	

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, on _____ to:

本人证明, 本人已将此动议副本送达至以下诉讼各当事人处, 送达方式为 邮寄一类邮件(预付邮资) 亲手交付, 送达日期为 _____:

Date
日期

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