

司法機構  
JUDICIARY  
法庭語文組  
COURT LANGUAGE SECTION  
鑑證譯文申請表

申請編號  
Application No.

APPLICATION FOR CERTIFIED TRANSLATION

**甲部 PART A (由申請人填寫) (TO BE COMPLETED BY THE APPLICANT)**

申請人 \_\_\_\_\_ 隸屬 \_\_\_\_\_  
 Applicant of \_\_\_\_\_  
 案件負責人 \_\_\_\_\_ 電話 \_\_\_\_\_ 手提電話 \_\_\_\_\_  
 In-charge of Case Tel. No. Mobile Phone \_\_\_\_\_  
 檔案/參考編號 \_\_\_\_\_ 傳真 \_\_\_\_\_  
 File/Ref. No. Fax \_\_\_\_\_  
 法庭 (案件編號) \_\_\_\_\_ ( ) 過堂/答辯/提訊/審前檢討日期 \_\_\_\_\_  
 Court (Case No.) Mention/Plea/Return/PTR Date \_\_\_\_\_  
 法律援助證書號碼 \_\_\_\_\_ 審訊日期 \_\_\_\_\_  
 Legal Aid Certificate No. Trial Date \_\_\_\_\_

文件種類 Description of Documents:-	原文 Source Document	正本 Original	譯文 Translation	磁碟 Diskette
1. _____	( )頁/本	<input type="checkbox"/>	( )頁	( )片
2. _____	( )頁/本	<input type="checkbox"/>	( )頁	( )片
3. _____	( )頁/本	<input type="checkbox"/>	( )頁	( )片
4. _____	( )頁/本	<input type="checkbox"/>	( )頁	( )片
5. _____	( )頁/本	<input type="checkbox"/>	( )頁	( )片
<b>Total 合共</b>	( )頁/本	<input type="checkbox"/>	( )頁	( )片

原文語言 Language(s) in source document(s): \_\_\_\_\_  
 其他同案申請編號 Other application numbers of the same case: \_\_\_\_\_  
 還未呈交本處的同案文件 Other documents of this case not yet submitted to this office:  有 Yes  沒有 No  
 只適用於民事案件 For Civil Cases Only :

**我已嘗試就此建議譯本與其他訴訟方協商，但未能達成協議。**  
**I have tried to agree this proposed translation with the other parties but without success.**  
**遵照《實務指示》10.2 的規定：**  
**In compliance with Practice Direction 10.2:**  
 本人定會將此建議譯本在 3 天之內送達訴訟各方。  
**I shall serve this proposed translation on all parties within three days.**  
 隨文附上其他訴訟方的建議/鑑證譯本。  
**I annex herewith the original proposed/certified translation of the other party.**

申請人/申請人的律師  
Applicant /Solicitor for Applicant

**乙部 PART B (本部門專用) (FOR OFFICE USE ONLY)**

New Translation  Re-translation Received by: \_\_\_\_\_  
 Retyped Translation  Amended Translation Attention: \_\_\_\_\_  
 Soft Copy Only  Hard Copy Only  Soft & Hard Copies  Priority

Translated/Certified by \_\_\_\_\_ Date Assigned \_\_\_\_\_  
 Number of Pages \_\_\_\_\_ Fees \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Vetted by: \_\_\_\_\_ Pages: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
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