

告訴人聲請再議

Application for Reconsideration by the Complainant

刑事聲請再議狀

Application for Reconsideration in Criminal Proceeding

股別：

Section:

案號： 年度 字第 號  
Case No.: year zhi No.

| 稱謂<br>Suffix                            | 姓名或名稱及國民身分證統一編號/護照號碼/居留證號碼/Name and National ID No./Passport No./Alien Resident Certificate No. | 性別<br>Gender | 出生年月日<br>Date of Birth | 住居所或營業所、郵遞區號及電話號碼<br>Domicile/Residence or Place of Business, Zip Code and Phone Number | 送達代收人姓名、住址、郵遞區號及電話號碼<br>Name, Address, Zip Code and Phone Number of the Agent for Service of Process |
|---|---|--------------|------------------------|---|--|
| 聲請人<br>即告訴人<br>Applicant<br>Complainant |   |              |                        |   |  |
| 被告<br>Defendant                         |   |              |                        |   |  |

主旨：聲請再議。

Subject: Application for Reconsideration

說明：

Explanation:

一、為不服 鈞署 年度 字第 號被告  
 涉嫌 乙案，檢察官所為之 不起訴處分，今聲請  
 人（即告訴人）依刑事訴訟法第 256 條第 1 項前段之規定，於法定  
 期間內聲請再議。

1. The Applicant is unsatisfied with a ruling not to prosecute.  
 of deferred prosecution.

of case                      year                      zhi NO.                      by the prosecutor of your Office  
regarding the defendant suspected of committing                      .

The Application is hereby filed by the Applicant (Complainant) according  
to the first part of Paragraph 1, Article 256 of the Code of Criminal  
Procedure within the statutory period to apply for reconsideration.

二、再議理由：

2. Reasons for **Reconsideration**:

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此 致

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TO

○○○○○○○Prosecutors Office

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|--|--|
| 證人姓名<br>及<br>其住居所<br>Witness Name<br>and<br>Domicile/<br>Residence |  |
|--|--|

|   |                         |                     |                         |                   |                         |                |  |             |  |  |  |
|---|-------------------------|---------------------|-------------------------|-------------------|-------------------------|----------------|--|-------------|--|--|--|
| 證物名稱<br>及<br>件數<br>Evidence<br>Name<br>and<br>Quantity  |                         |                     |                         |                   |                         |                |  |             |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 60%;">具狀人<br/>Submitted by</td> <td style="text-align: right; width: 40%;">簽名蓋章<br/>Signature/Stamp</td> </tr> <tr> <td style="text-align: center;">撰狀人<br/>Written by</td> <td style="text-align: right;">簽名蓋章<br/>Signature/Stamp</td> </tr> <tr> <td style="text-align: center;">住 址<br/>Address</td> <td></td> </tr> <tr> <td style="text-align: center;">電 話<br/>Tel.</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">           中 華 民 國                      年                      月                      日<br/>           Date: (mm)/ (dd), (yyyy)         </td> </tr> </table> |                         | 具狀人<br>Submitted by | 簽名蓋章<br>Signature/Stamp | 撰狀人<br>Written by | 簽名蓋章<br>Signature/Stamp | 住 址<br>Address |  | 電 話<br>Tel. |  | 中 華 民 國                      年                      月                      日<br>Date: (mm)/ (dd), (yyyy) |  |
| 具狀人<br>Submitted by   | 簽名蓋章<br>Signature/Stamp |                     |                         |                   |                         |                |  |             |  |  |  |
| 撰狀人<br>Written by   | 簽名蓋章<br>Signature/Stamp |                     |                         |                   |                         |                |  |             |  |  |  |
| 住 址<br>Address  |                         |                     |                         |                   |                         |                |  |             |  |  |  |
| 電 話<br>Tel.   |                         |                     |                         |                   |                         |                |  |             |  |  |  |
| 中 華 民 國                      年                      月                      日<br>Date: (mm)/ (dd), (yyyy)  |                         |                     |                         |                   |                         |                |  |             |  |  |  |