



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

In the Matter of

Name of Alleged Disabled Person

Docket Reference

**PETITION FOR GUARDIANSHIP OF ALLEGED DISABLED PERSON
(Md. Rule 10-112)**

Note: This form is to be used where the subject of the petition is an individual, regardless of the individual's age, who has a disability other than minority.

Guardianship
of Person

Guardianship
of Property

Guardianship of
Person and Property

The petitioner, _____, _____ whose
Name Age
address is _____,

and whose telephone number is _____,

represents to the court that:

1. The alleged disabled person _____, _____, _____
Age
born on the _____ day of _____, _____, a male or female resides at
Month Year

2. If the alleged disabled person does not reside in the county in which this petition is filed, state the place in this county where the alleged disabled person is currently located

NOTE: For purposes of this Form, "county" includes Baltimore City.

3. The relationship of petitioner to the alleged disabled person is _____

4. The alleged disabled person

is a beneficiary of the Veterans Administration and the guardian may expect to receive benefits from that Administration.

is not a beneficiary of the Veterans Administration.

5. Complete Section 5. if the petitioner is asking the court to appoint the petitioner as the guardian.
(Check only one of the following boxes)

I have not been convicted of a crime listed in Code, Estates and Trusts Article, §11-114.

I was convicted of such a crime, namely

..... The conviction occurred in

....., in the ,

Year

Name of Court

but the following good cause exists for me to be appointed as guardian:

6. Complete Section 6. if the petitioner is asking the court to appoint an individual other than the petitioner as the guardian.

6 a. Prospective Guardian of the Person (Complete section 6 a. if seeking guardianship of the person.)

The name of the prospective guardian of the person is

and that individual's age is The relationship of that individual to the alleged disabled person is

.....
(Check only one of the following boxes)

..... has not been convicted of a crime listed in Estates and
Name of Prospective Guardian
Trusts Article, §11-114.

..... was convicted of such a crime, namely

Name of Prospective Guardian

..... The conviction occurred in , in the

Year

..... , but the following good
Name of Court
cause exists for the individual to be appointed as guardian:

6 b. Prospective Guardian of the Property (Complete section 6 b. if the prospective guardian of the property is different from the prospective guardian of the person or if guardianship of the person if not sought.)

The name of the prospective guardian of the property is

and that individual's age is The relationship of that individual to the alleged disabled person is

.....
(Check only one of the following boxes)

..... has not been convicted of a crime listed in Estates and
Name of Prospective Guardian
Trusts Article, §11-114.

..... was convicted of such a crime, namely

Name of Prospective Guardian

..... The conviction occurred in , in the

Year

..... but the following good cause exists for the
Name of Court
individual to be appointed as guardian:

7. If the alleged disabled person resides with petitioner, then state the name and address of any additional person on whom initial service shall be made: _____

8. The following is a list of the names, addresses, telephone numbers, and e-mail addresses, if known, of all interested persons (see Code, Estates and Trusts Article, §13-101(k)).

Person or Health Care Agent Designated in Writing by Alleged Disabled Person:

Spouse: _____
Name Address Telephone Number E-mail Address (if known)

Parents: _____
Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

Adult Children: _____
Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

Adult Grandchildren*: _____
Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

Siblings*:

_____ Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

_____ Name Address Telephone Number E-mail Address (if known)

Any Other Heirs at Law:

_____ Name Address Telephone Number E-mail Address (if known)

Guardian (if Appointed):

_____ Name Address Telephone Number E-mail Address (if known)

Any Person Holding Power of Attorney of the Alleged Disabled Person:

_____ Name Address Telephone Number E-mail Address (if known)

Alleged Disabled Person's Attorney:

Name Address Telephone Number E-mail Address (if known)

Any Other Person Having Assumed Responsibility for the Alleged Disabled Person:

Name Address Telephone Number E-mail Address (if known)

Any Government Agency Paying Benefits to or for the Alleged Disabled Person:

Name Address Telephone Number E-mail Address (if known)

Any Person Having an Interest in the Property of the Alleged Disabled Person:

Name Address Telephone Number E-mail Address (if known)

All Other Persons Exercising Control over the Alleged Disabled Person or the Person's Property:

Name Address Telephone Number E-mail Address (if known)

A Person or Agency Eligible to Serve as Guardian of the Person of the Alleged Disabled Person
(Choose A or B below):

A. Director of the Local Area Agency on Aging (if Alleged Disabled Person is Age 65 or over):

Name Address Telephone Number E-mail Address (if known)

B. Local Department of Social Services (if Alleged Disabled Person is Under Age 65):

Name Address Telephone Number E-mail Address (if known)

*Note: Adult grandchildren and siblings need not be listed unless there is no spouse and there are no parents or adult children.

9. The names and addresses of the persons with whom the alleged disabled person resides or has resided over the past five years and the approximate dates of the alleged disabled person's residence with each person are as follows:

<u>Name</u>	<u>Address</u>	<u>Approximate Dates</u>
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

10. A brief description of the alleged disability and how it affects the alleged disabled person's ability to function is as follows: -----

11. (a) Guardianship of the Person is sought because

..... cannot make or communicate responsible decisions concerning health care, food, clothing, or shelter, because of mental disability, disease, habitual drunkenness, addiction to drugs, or other addictions. State the relevant facts:

.....
.....
.....

(b) Describe less restrictive alternatives that have been attempted and have failed (see Code, Estates and Trusts Article, §13-705(b)):

.....
.....

12. (a) Guardianship of the Property is sought because

..... Name of Alleged Disabled Person cannot manage property and affairs effectively because of the physical or mental disability, disease, habitual drunkenness, addiction to drugs or other addictions, imprisonment, compulsory hospitalization, detention by a foreign power, or disappearance. State the relevant facts:

.....
.....
.....

(b) Describe less restrictive alternatives that have been attempted and have failed (see Code, Estates and Trusts Article, §13-201):

.....
.....

13. If this Petition is for Guardianship of the Property, the following is the list of all the property in which the alleged disabled person has any interest including an absolute interest, a joint interest, or an interest less than absolute (e.g. trust, life estate):

<u>Property</u>	<u>Location</u>	<u>Value</u>	<u>Sole Owner, Joint Owner (specify type), Life Tenant, Trustee, Custodian, Agent, etc.</u>
.....
.....
.....
.....

14. The petitioner's interest in the property of the alleged disabled person listed in 13. is

15. If a guardian or conservator has been appointed for the alleged disabled person in another proceeding, the name and address of the guardian or conservator and the court that appointed the guardian or conservator are as follows:

Name _____ Address _____
Court _____

16. All other proceedings regarding the alleged disabled person (including criminal) are as follows:

17. All exhibits required by the Instructions below are attached.

WHEREFORE, Petitioner requests that this court issue an order to direct all interested persons to show cause why a guardian of the person property person and property of the disabled person should not be appointed, and (if applicable) _____ Name of Prospective Guardian should not be appointed as the guardian.

Attorney's Signature _____ Date _____ Petitioner's Name _____

Attorney's Name _____

Address _____

City, State, Zip _____ Telephone Number _____

E-mail _____ Fax _____

Petitioner solemnly affirms under the penalties of perjury that the contents of this document are true to the best of Petitioner's knowledge, information, and belief.

Petitioner's Name

Petitioner's Signature _____ Date _____

INSTRUCTIONS

1. The required exhibits are as follows:

(a) A copy of any instrument nominating a guardian;

(b) A copy of any power of attorney (including a durable power of attorney for health care) which the alleged disabled person has given to someone;

(c) Signed and verified certificates of two physicians licensed to practice medicine in the United States who have examined the alleged disabled person, or of one licensed physician, who has examined the alleged disabled person, and one licensed psychologist or licensed certified social worker-clinical, who has seen and evaluated the alleged disabled person. An examination or evaluation by at least one of the health care professionals must have occurred within 21 days before the filing of the petition (see Code, Estates and Trusts Article, §13-103 and §1-102 (a) and (b)) .

(d) If the petition is for the appointment of a guardian of an alleged disabled person who is a beneficiary of the Department of Veterans Affairs, then in lieu of the certificates required by (c) above, a certificate of the Secretary of that Department or an authorized representative of the Secretary setting forth the fact that the person has been rated as disabled by the Department.

2. Attach additional sheets to answer all the information requested in this petition, if necessary.