



Circuit Court for

Case No.

City or County

In the Matter of

In the Circuit Court for

City or County

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 checkbox

Guardianship of Property checkbox

Guardianship of Person and Property checkbox

The petitioner, Name, Age, whose address is, and whose telephone number is, represents to the court that:

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

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

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

4. Complete Section 4 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, or

I was convicted of such a crime, namely

, in Year, but the following good cause exists for me to be appointed as guardian

5. Complete Section 5 if the petitioner is asking the court to appoint an individual other than the petitioner as the guardian.

The name of the prospective guardian 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 Code,  
Name of Prospective Guardian  
 Estates and Trusts Article, §11-114.

..... was convicted of such a crime, namely  
Name of Prospective Guardian  
 ....., in .....  
Year

but the following good cause exists for the individual to be appointed as guardian .....

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

7. The following is a list of the names, addresses, and telephone numbers of all interested persons  
 (see Code, Estates and Trusts Article, §13-101(j)).

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
Person or Health Care Agent Designated in Writing by Alleged Disabled Person:	.....	.....	.....
Spouse:	.....	.....	.....
Parents:	.....	.....	.....
Adult Children:	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

Adult Grandchildren*:	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
	.....	.....	.....
	.....	.....	.....
Siblings*:	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
Any Other Heirs at Law: Guardian (If Appointed):	.....	.....	.....
Any Person Holding Power of Attorney of the Alleged Disabled Person:	.....	.....	.....
Alleged Disabled Person's Attorney:	.....	.....	.....
Any Other Person Having Assumed Responsibility for the Alleged Disabled Person:	.....	.....	.....
Any Government Agency Paying Benefits to or for the Alleged Disabled Person:	.....	.....	.....
Any Person Having an Interest in the Property of the Alleged Disabled Person:	.....	.....	.....
All Other Persons Exercising Control over the Alleged Disabled Person or the Person's Property:	.....	.....	.....

A Person or Agency Eligible to Serve as Guardian of the Person of the Alleged Disabled Person

(Choose A or B below) :

A. Local Commission on Aging and Retirement Education (if Alleged Disabled Person is Age 65 or over): .....

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

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

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

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

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

.....

.....

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

.....  
Name of Alleged Disabled Person  
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)) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. (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, confinement, 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) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. 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>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The petitioner's interest in the property of the alleged disabled person listed in 12. is \_\_\_\_\_

14. 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

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

