



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 APPOINTMENT OF HEALTH CARE PROFESSIONALS  
(Md. Rule 10-202 (a)(3))**

**NOTE:** Use this form if you are asking the court for guardianship of an alleged disabled person who lives with or is under the control of someone who refuses to allow him or her to be examined or evaluated by health care professionals (physician, psychologist, or licensed certified social worker-clinical). File this form with the **Petition for Guardianship of Alleged Disabled Person (CC-GN-002)**. Attach any documents that support your request. The court may issue an order requiring the person who refuses to allow the alleged disabled person to be examined or evaluated to appear at a hearing and explain why the alleged disabled person should not be examined or evaluated. The court may also require the alleged disabled person to appear at that hearing.

I, \_\_\_\_\_, whose address is \_\_\_\_\_  
Name

\_\_\_\_\_, and whose telephone number is \_\_\_\_\_,

and whose email address (if available) is \_\_\_\_\_, ask the court to appoint two

health care professionals to examine or evaluate \_\_\_\_\_ I state that:  
Name of Alleged Disabled Person

1. Along with this petition, I have filed a Petition for Guardianship of the Alleged Disabled Person of \_\_\_\_\_ with this court.  
Name of Alleged Disabled Person

2. \_\_\_\_\_ lives with or is under the control of \_\_\_\_\_, who has refused to allow \_\_\_\_\_ to be examined or evaluated by a health care professional. I made the following efforts to have the alleged person examined or evaluated:  
Name of Alleged Disabled Person Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ may be at risk unless a guardian is appointed. In addition to the concerns expressed in the Petition for Guardianship of Alleged Disabled person, I have the following other concerns:  
Name of Alleged Disabled Person

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR THESE REASONS,** I ask the court to:

1. Issue an order requiring \_\_\_\_\_ to  
Name of Person the Alleged Disabled Person Lives With or is Under the Control Of  
appear and show cause why \_\_\_\_\_ should not be examined or evaluated.  
Name of Alleged Disabled Person
2. Schedule a hearing as soon as possible.
3. Grant any other and further relief as may be required.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name