



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND  
马里兰州 \_\_\_\_\_, 巡回法院

City/County  
城市/县

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
地址 \_\_\_\_\_ 电话 \_\_\_\_\_

Court Address  
法院地址

In the Matter of  
关于

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

Name of Alleged Disabled Person  
被指称残疾人姓名

Docket Reference  
案卷参考文件

**PETITION FOR GUARDIANSHIP OF ALLEGED DISABLED PERSON**

**被指称残疾人的监护权申请**

**(Md. Rule 10-112)**

**(《马里兰州规则》10-112)**

**INSTRUCTIONS**

**说明事项**

1. Use this form of petition when a guardianship of an alleged disabled person, as defined in Code, Estates & Trusts Article, § 13-101(f) and Rule 10-103(b) is sought.  
如果寻求获取被指称残疾人(定义见法典, 房地产和信托条款第 13-101(f) 条和《规则》第 10-103(b) 条)的监护权, 则使用此申请表。
2. If the subject of the petition is a minor including a disabled minor, use the form petition set forth in Rule 10-111.  
如果申请主体是未成年人(包括残疾未成年人), 使用《规则》第 10-111 条中规定的申请表。
3. If guardianship of more than one alleged disabled person is sought, a separate petition must be filed for each alleged disabled person.  
如果寻求获取一个以上被指称残疾人的监护权, 则针对每个被指称残疾人须提交一份单独的申请。
4. If the petition is to be filed in the Circuit Court for Baltimore City, use “Baltimore City” as the name of the county.  
如果申请将提交至 Baltimore 市巡回法院, 则使用“Baltimore 市”作为郡县名称。

Guardianship of Person  
人身监护权

Guardianship of Property  
财产监护权

Guardianship of Person and Property  
人身和财产监护权

The petitioner, \_\_\_\_\_, \_\_\_\_\_, whose  
Name Age  
address is \_\_\_\_\_,  
and whose telephone number is \_\_\_\_\_, and whose e-mail address (if available) is \_\_\_\_\_

\_\_\_\_\_, represents to the court that:

申请人, \_\_\_\_\_, \_\_\_\_\_,  
姓名 年龄  
地址 \_\_\_\_\_,  
电话号码 \_\_\_\_\_, 电子邮箱地址(如可用)  
\_\_\_\_\_, 向法院表示:

1. The alleged disabled person \_\_\_\_\_, \_\_\_\_\_ Age  
born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, whose gender is  
Month Year  
\_\_\_\_\_, resides at \_\_\_\_\_  
\_\_\_\_\_

被指称的残疾人 \_\_\_\_\_, \_\_\_\_\_ 年龄  
出生于 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 日。性别是  
年 月  
\_\_\_\_\_, 住址在 \_\_\_\_\_  
\_\_\_\_\_

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

如果被指控的残疾人居住地址不在提交此申请的郡县内, 请阐明被指控的残疾人目前所在的本县内地址: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** For purposes of this form, “county” includes Baltimore City.  
**注意:** 就本表目的而言, “县”包括 Baltimore 市。

3. The relationship of petitioner to the alleged disabled person is \_\_\_\_\_  
申请人与被指称的残疾人的关系是 \_\_\_\_\_  
\_\_\_\_\_

4. The alleged disabled person  
被指称的残疾人

is a beneficiary of the Department of Veterans Affairs and the guardian may expect to receive benefits from that Department.  
是退伍军人事务部的受益人, 监护人可能会收到该部门提供的福利。

is not a beneficiary of the Department of Veterans Affairs.  
不是退伍军人事务部的受益人。

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)

如果申请人要求法院任命申请人为监护人, 则请填写第 5 部分。  
(仅勾选下方一个选框)

I have not been convicted of a crime listed in Code, Estates and Trusts Article, § 11-114.  
我未曾被定罪犯有《法典》“财产与信托条款”第 11-114 条中所列的罪行。

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

我曾被定罪犯有此等罪行, 罪行名称为 \_\_\_\_\_  
\_\_\_\_\_。定罪于

\_\_\_\_\_, 在 \_\_\_\_\_  
年份 法院名称  
发生, 但我有以下充分理由应被任命为监护人: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

如果申请人要求法院任命任命申请人以外申请人以外的个人为监护人, 则请填写第 6 部分。

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

可能的人身监护人(如果寻求获得人身监护权则请填写第 6a 部分。)

可能人身监护人的姓名是 \_\_\_\_\_  
年龄为 \_\_\_\_\_ 岁。此人与被指称残疾人的关系是

(Check only one of the following boxes)  
(仅勾选下方一个选框)

\_\_\_\_\_ has not been convicted of a crime listed in  
Name of prospective guardian 未曾被定罪犯有《法典》“财产与信托条款”  
可能监护人姓名

Code, Estates and Trusts Article, § 11-114.  
第 11-114 条中所列的罪行。

\_\_\_\_\_ was convicted of such a crime, namely  
Name of prospective guardian 曾被定罪犯有此等罪行, 罪行名称为  
可能监护人姓名

The conviction occurred in \_\_\_\_\_, in the \_\_\_\_\_  
Year Name of court  
but the following good cause exists for the individual to be appointed as guardian: \_\_\_\_\_

定罪于 \_\_\_\_\_ 在 \_\_\_\_\_  
年份 法院名称  
发生, 但此人有以下充分理由应被任命为监护人: \_\_\_\_\_

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 is not sought.)*

可能的财产监护人 (如果可能财产监护人与可能人身监护人不同或未寻求获得人身监护权, 则请填写第 6 b. 部分。)

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 \_\_\_\_\_

可能的财产监护人姓名为 \_\_\_\_\_  
年龄为 \_\_\_\_\_ 岁。此人与被指称残疾人的关系是 \_\_\_\_\_

(Check only one of the following boxes)  
(仅勾选下方一个选框)

\_\_\_\_\_ has not been convicted of a crime listed in  
Name of prospective guardian 未曾被定罪犯有《法典》“财产与信托条款”  
可能监护人姓名

Estates and Trusts Article, § 11-114.  
第 11-114 条中所列的罪行。

\_\_\_\_\_ was convicted of such a crime, namely  
Name of prospective guardian 曾被定罪犯有此等罪行, 罪行名称为  
可能监护人姓名

The conviction occurred in \_\_\_\_\_, in the \_\_\_\_\_  
Year Name of court

but the following good cause exists for the individual to be appointed as guardian: \_\_\_\_\_

定罪于 \_\_\_\_\_ 在 \_\_\_\_\_ 发生，  
年份 法院名称  
但此人有以下充分理由应被任命为监护人： \_\_\_\_\_

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

如果被指称残疾人与申请人一起居住，则请陈述应向其完成初始送达的任何其他人员之姓名与地址： \_\_\_\_\_

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)).

以下为所有利益相关者的姓名、地址和电话号码及电子邮箱地址(如已知)列表(参阅《法典》“财产与信托条款”第 13-101(k) 条)。

Person or health care agent designated in writing by alleged disabled person:  
被指称残疾人以书面形式指定的人员或医护代理人：

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Spouse or Registered Domestic Partner:  
配偶或登记同居伴侣：

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Parents:  
父母：

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Adult children:  
成年子女:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)

Adult grandchildren\*:  
成年孙辈\*:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)

Siblings\*:  
兄弟姐妹\*:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)

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

\*注意: 成年孙子孙女和兄弟姐妹不需要列出, 除非无配偶或登记同居伴侣而且无父母或成年人子女。

Any other heirs at law:  
任何其他法定继承人:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址 (如已知)
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Guardian (if appointed):  
监护人(如已任命):

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Any person holding a power of attorney of the alleged disabled person:  
任何持有被指称残疾人之委托书的人员:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Alleged disabled person's attorney:  
被指称残疾人的律师:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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A supporter pursuant to a supported decision-making agreement:  
受支持的决策协议规定的支持者:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Any other person who has assumed responsibility for the alleged disabled person:  
已为被指称残疾人承担责任的任何其他人员:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Any government agency paying benefits to or for the alleged disabled person:  
向被指称残疾人支付福利或为被指称残疾人支付福利的任何政府机构:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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Any person having an interest in the property of the alleged disabled person:  
在被指称残疾人财产中享有权益的任何人员:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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All other persons exercising control over the alleged disabled person or the person's property:  
对被指称残疾人或其财产行使控制权的所有其他人员:

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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A person or agency eligible to serve as guardian of the person of the alleged disabled person (Choose A or B below):  
具备担任被指称残疾人之人身监护人资格的人员或机构:(在下方选择 A 或 B):

A. Director of the local area agency on aging (if alleged disabled person is age 65 or over):  
A. 地方老龄化机构主管(如被指称残疾人年过 65 岁):

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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B. Local department of social services (if alleged disabled person is under age 65):  
B. 地方社会服务部门(如被指控的残疾人未满 65 岁):

Name 姓名	Address 地址	Telephone Number 电话号码	E-mail Address (if known) 电子邮箱地址(如已知)
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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:  
过去五年里与未成年人一起居住的人员之姓名与地址, 以及未成年人与各人一起居住的大约日期如下所示:

<u>Name</u> 姓名	<u>Address</u> 地址	<u>Approximate Dates</u> 大约日期

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

被指称残疾人之残疾状况以及此等状况如何影响被指称残疾人之行为能力的简要说明如下所示: \_\_\_\_\_

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

\_\_\_\_\_ cannot make or communicate responsible decisions  
Name of alleged disabled person

concerning health care, food, clothing, or shelter, because of mental disability, disease, habitual drunkenness, addiction to drugs, or other addictions. State the relevant facts:

(a) 寻求人身监护权, 因为

\_\_\_\_\_ 因为精神残疾、疾病、习惯性醉酒、药物/毒品成  
被指称残疾人姓名



癮或其他成癮而无法做出或传达关于医疗、食品、衣物或住所的负责决定。请陈述相关事实：

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

(b) 说明曾尝试但失败了的限制性较小的替代方案(参阅《法典》“财产与信托条款”第 13-705(b) 条)：

12. (a) Guardianship of the Property is sought because \_\_\_\_\_  
Name of alleged disabled person

cannot manage property and affairs effectively because of 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:

(a) 寻求财产监护权, 因为 \_\_\_\_\_  
被指称残疾人姓名

因为生理或精神残疾、疾病、习惯性醉酒、药物/毒品成癮或其他成癮、监禁、强制住院、外国势力拘留或失踪而无法有效管理财产和事务。请陈述相关事实：

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

(b) 说明曾尝试但失败了的限制性较小的替代方案(参阅《法典》“财产与信托条款”第 13-201 条)：

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):

如果此申请要求获得财产监护权, 则以下为被指称残疾人享有任何权益的所有财产列表, 其中包括绝对权益、共同权益或未达到绝对程度的权益(例如信托、终生财产)。

<u>Property</u> 财产	<u>Location</u> 地点	<u>Value</u> 价值	<u>Sole Owner; Joint Owner, (specify type), Life Tenant, Trustee, Custodian, Agent, etc.</u> 唯一拥有人、联名拥有人(特定类别)、终身受益人、受托人、保管人和代理人等。

14. The petitioner's interest in the property of the alleged disabled person listed in 13 is  
申请人在 13 中列出的未成年人财产中享有的权益为

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:

如果另一诉讼程序中已为被指称残疾人任命了监护人或保护人, 监护人或保护人的姓名和地址以及任命该监护人或保护人的法院如下所示:

<u>Name</u> 姓名	<u>Address</u> 地址
<u>Court</u> 法院	

16. All other proceedings regarding the alleged disabled person (including criminal) are as follows:  
关于被指称残疾人的所有其他诉讼程序(包括刑事)如下所示:

17. All exhibits required by the instructions below are attached.  
下文说明要求的所有附件均已附上。

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 alleged disabled person should not be appointed, and (if applicable)

因此, 申请人要求本法院发布命令, 指示所有利益相关者表明不应任命被指称残疾人之 人身 财产 人身和财产监护人的理由, 以及(如适用)

\_\_\_\_\_ should not be appointed as the guardian.  
Name of prospective guardian 可能监护人姓名  
不应被任命为监护人的理由。

Date 日期	Attorney's Signature 律师签名	Attorney Number 律师编号
Telephone Number 电话号码	Attorney's Name 律师姓名	
Fax 传真	Attorney's Address 律师地址	
E-mail 电子邮件	City, State, Zip 城市、州、邮编	

If there is no attorney:  
如果无律师:

Petitioner's Address 申请人地址	
City, State, Zip 城市、州、邮编	Telephone Number 电话号码
E-mail 电子邮件	Fax 传真

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.

申请人在承担伪证惩罚的前提下郑重确认, 据申请人所知所信, 本文件内容均真实。

Date 日期	Petitioner's Name 申请人姓名
Petitioner's E-mail 申请人电子邮箱	Petitioner's Signature 申请人签名

**ADDITIONAL INSTRUCTIONS**

**其他说明**

1. The required exhibits are as follows:

必须附件如下所示:

- (a) A copy of any instrument nominating a guardian;  
任命监护人的任何文书副本;
  - (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;  
被指称残疾人曾给某人的任何委托书之副本(包括永久医疗委托书);
  - (c) A copy of any written supported decision-making agreement  
(see Code, Estates and Trusts Article, § 18-107);  
任何受支持的书面决策协议副本  
(参见《法典》遗产和信托条款第 18-107 条);
  - (d) Signed and verified certificates of competency from the following health care professionals licensed to practice medicine in the United States who have examined or evaluated the disabled person:
    - 1) Two licensed physicians; or
    - 2) One licensed physician, and one licensed psychologist, licensed certified social worker–clinical, or nurse practitioner. An examination or evaluation by at least one of the healthcare 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)).
- 来自下方在美国执照行医的医疗护理专业人员的已签名并经确认的资格证书, 医疗护理专业人员已对被指称残疾人进行检查或评估:
- 1) 两名执照医生; 或
  - 2) 一名执照医生, 以及一名执照心理医生、执业认证社会工作者 – 临床实践者或护理师。在提交申请前 21 天内, 必须由至少一位医疗专业人员进行检查或评估(参阅《法典》“财产与信托条款”第 13-103 条和第 1-102 (a) 及 (b) 条)。

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

如有需要, 请附上回复此申请中要求的所有信息的附加表单。