



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

巡回法院

孤儿法庭

City/County

城市/县

马里兰州

Located at _____ Case No. _____

地址

Court Address

法院地址

案件编号

In the Matter of
关于

Name of Minor or Alleged Disabled Person
未成年人或宣称残疾人士姓名

Docket Reference
案卷参考

PROSPECTIVE GUARDIAN INFORMATION SHEET
(Md. Rule 10-111 and 10-112)
未来监护人信息表
(马里兰州规则 10-111 和 10-112)

NOTE: Use this form if you want the court to appoint you as guardian of a minor or alleged disabled person, but you are not the petitioner (the person asking the court to appoint a guardian for the minor or alleged disabled person).

注: 如果您希望法院任命您为未成年人或宣称残疾人士的监护人，但您不是申请人（要求法院为未成年人或宣称残疾人士任命监护人的人），则使用此表格。

I, _____, _____, whose address is
Your Name Age

Address

whose telephone number is _____, and whose email address (if available) is
_____, state to the court that:

本人，_____, _____，
您的姓名 年龄

地址 _____，
地址

电话号码 _____，电子邮箱地址（如有）
_____, 向法院声明：

1. My relationship to the minor or alleged disabled person is
我与未成年人或宣称残疾人士的关系为

2. (Check only one of the following boxes)

(仅勾选下方一个选框)

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

我未被判定犯有马里兰州法典, 财产与信托条款第 11-114 款中所列罪行, 或

I was convicted of such a crime, namely:

我于_____年被判定犯有此类罪行, 即:

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

_____, 但我有下列正当理由应被任命为监护人:

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.

本人郑重确认, 据本人个人所知所信, 此文件内容真实。如有不实甘受伪证罪之罚。

Date
日期

Prospective Guardian's Signature
未来监护人签名

Printed Name
大写姓名