

The forms are in bilingual format for your convenience, but must be completed and filed with the court in English.
为了提供便利，表格用双语格式提供；但是，向法院提交的表格必须用英语填写。



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 Disabled Person

未成年人或残疾人姓名

Docket Reference

案卷参考

PROOF OF RESTRICTED GUARDIANSHIP ACCOUNT

(Md. Rule 10-705)

受限监护权账户证明

(马里兰州规则 10-705)

NOTE: Use this form if you are a guardian of the property and the court ordered you to place guardianship funds in a restricted account. File the original form with the court no later than 60 days from the date of appointment or as the court otherwise directs. If the minor or disabled person has more than \$200,000 in assets, you may need to set up multiple restricted accounts. File a form for each account.

注: 如果您是财产监护人，而且法院命令您在受限账户内存入监护权资金，则使用此表格。自任命之日起 60 天内或按法院另行指示，向法院提交表格原件。如果未成年人或残疾人的资产超过 200,000 美元，您可能需要设置多个受限账户。为每个账户各提交一份表格。

This is to certify that on _____ of _____, _____, funds in the amount of \$ _____
Day Month Year

were deposited into account number _____.

_____, 金额为 _____ 美元的资金存入账户

年 月 日

，特此证明。

The account is registered as follows:

账户注册情况如下：

_____, Guardian of the Property for _____.

Name of Guardian

Name of Minor or Disabled Person

是

的财产监护人。

监护人姓名

未成年人或残疾人姓名

SUBJECT TO WITHDRAWALS ONLY UPON ORDER OF THE
仅在下述机构签发命令后可撤销

___ **Circuit Court**
巡回法院

___ **Orphan's Court for**
孤儿法院

_____ City/County
_____ 市/县

_____ **Financial Institution**
金融机构

_____ **Authorized Official's Signature** **Date**
经授权官员签名 日期

_____ **Address**
地址

_____ **Printed Name**
大写姓名

_____ **City, State, Zip**
城市，州，邮编

_____ **Telephone**
电话