

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
City/County
巡回法院 孤儿法院 _____ 马里兰州
市/县

Located at _____ Telephone _____
Court Address
地点 _____ 电话 _____
法院地址

Case No. _____
案号 _____

In the Matter of
关于

Name of Minor or Disabled Person
未成年人或残疾人姓名

Docket Reference
案卷编号

**PETITION FOR RESIGNATION OF GUARDIAN OF THE PERSON AND APPOINTMENT OF
SUBSTITUTED OR SUCCESSOR GUARDIAN
(Md. Rule 10-207)
关于辞去人身监护人之职及指定替代或继任监护人的申请
(马里兰州规则第 10-207 条)**

NOTE: Use this form if you want to resign as guardian of the person of a minor or disabled person. File this form in the circuit or orphans' court that has jurisdiction over the guardianship. Attach any documentation that supports your request to the petition. If you are asking the court to appoint another person as substituted or successor guardian, ask that person to complete the Consent of Substituted or Successor Guardian (CC-GN-030), and attach it to the petition. Your appointment as guardian does not end until the court enters an order accepting your resignation.

备注: 倘若您想辞去未成年人或残疾人的人身监护人之职, 请使用该表格。请将该表格提交至对监护事宜有管辖权的巡回法院或孤儿法院。请愿书随附所有支持申请的文件。倘若您提请法院指定他人担任替代或继任监护人, 请该人填写《替代或继任监护人同意书》(CC-GN-030), 并随附于请愿书。法院下令接受您的辞呈之前, 您的监护人身份不会终止。

I, _____, whose address is _____
Name
_____, whose telephone number is _____,
and whose e-mail address (if available) is _____, asks the court
to accept my resignation as guardian of the person of _____.
Name of Minor or Disabled Person

本人, _____, 地址 _____
姓名
_____, 电话号码 _____,
电子邮箱(若有) _____ 提请法院
接受本人辞去 _____ 的人身监护人之职。
未成年人或残疾人姓名

I state that:

本人声明:

1. I was appointed guardian of the person for _____
Name of Minor or Disabled Person

by order of this court on _____
Date of Appointment

本法院于 _____
指定日期

下令指定本人担任 _____ 的人身监护人
未成年人或残疾人姓名

2. I have not exercised control over any property of the minor or disabled person (for example, as guardian of the property).
本人并未对未成年人或残疾人的任何财产行使控制权(例如,担任财产监护人)。

I exercised the following control over property of the minor or disabled person:
本人已对未成年人或残疾人的财产行使了下列控制权:

3. I ask to resign as guardian of the person for the following reason(s):
本人因下述原因请求辞去人身监护人之职:

4. Complete section 4 if you are asking the court to appoint a substituted or successor guardian of the person.
倘若您提请法院指定替代或继任的人身监护人,请填写第4条。

I ask that the court appoint _____,
Name of Proposed Substituted or Successor Guardian of the Person

whose address is _____,

whose telephone number is _____, and whose e-mail address (if available)

is _____, and who is qualified to serve as guardian of the person

because: _____

本人提请法院指定 _____,
拟任替代或继任的人身监护人姓名

地址 _____,

电话号码 _____, 电子邮箱(若有)

_____ 担任且其有资格担任人身监护人,

因为: _____

5. The following is a list of names, addresses, telephone numbers, and e-mail addresses (if available) of all interested persons (see Md. Code, Estates and Trusts Article, §13-101(j)):

以下为所有相关利害关系人的姓名、地址、电话号码和电子邮箱(若有)列表(请参阅《马里兰州法典》“遗产与信托条款”第 13-101(j) 条)。

<u>Name</u> 姓名	<u>Relationship to Minor or Disabled Person</u> 与该未成年人或残疾人的关系	<u>Address</u> 地址	<u>Telephone Number</u> 电话号码	<u>E-mail Address</u> 电子邮箱

FOR THESE REASONS, I ask the court to:
基于以上原因, 本人提请法院:

1. Accept my resignation as guardian of the person of _____
Name of Minor or Disabled Person
 接受本人辞去 _____ 的人身监护人之职
未成年人或残疾人姓名

2. (If asking the court to appoint a substituted or successor guardian of the person)
 (倘若提请法院指定替代或继任财产监护人)

Appoint _____ as substituted or successor guardian of the
Name of Guardian
 person of the minor or disabled person.
 指定 _____ 担任
监护人姓名
 未成年人或残疾人的替代或继任人身监护人。

3. Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.

发布命令, 要求相关利害关系人和法院指定的其他任何人说明不应批准本人申请的理由。

4. Grant any other and further relief as may be required.

按照要求批准其他任何进一步的救济。

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.

本人郑重声明, 据本人所知、所晓、所信, 本文件内容属实, 如有不实, 愿按伪证罪论处。

Date
日期

Signature
签名

Street Address
街道地址

Printed Name
楷签

City, State, Zip
城市、州、邮政编码

Telephone Number
电话号码

E-mail
电子邮箱

Fax
传真