



CIRCUIT  ORPHANS' COURT FOR \_\_\_\_\_, MARYLAND

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

In the Matter of

\_\_\_\_\_  
Name of Minor or Disabled Person

\_\_\_\_\_  
Docket Reference

**PETITION FOR TERMINATION OF GUARDIANSHIP OF THE PERSON  
(Md. Rule 10-209)**

**NOTE:** Use this form to ask the court to terminate the guardianship of the person of a minor or disabled person. File this form within 45 days after discovery of the grounds for termination in the circuit or orphans' court that has jurisdiction over the guardianship. Attach all required documentation to the petition. **The guardianship does not end until the court issues an order terminating the guardianship and releasing the guardian of his/her duties.**

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

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

and whose email address (if available) is \_\_\_\_\_, asks that the court

terminate the guardianship of the person of \_\_\_\_\_.  
Name of Minor or Disabled Person

I state that:

1. My relationship to the minor or disabled is  guardian of the person  guardian of the property  
 guardian of the person and property  other (*describe*):

\_\_\_\_\_

2. \_\_\_\_\_ was appointed guardian of the person for  
Name of Guardian of the Person

\_\_\_\_\_ by order of this court on \_\_\_\_\_  
Name of Minor or Disabled Person Date

3.  \_\_\_\_\_ has not exercised any control over any  
Name of Guardian of the Person  
property of the minor or disabled person (for example, as guardian of the property).

\_\_\_\_\_ exercised the following control over  
Name of Guardian of the Person  
property of the minor or disabled person:

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



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

1. Accept my request to terminate guardianship of the person of .....  
Name of Minor or Disabled Person
2. Release ..... of the duties as guardian of the person.  
Name of Guardian
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.
4. 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