

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

地址 \_\_\_\_\_ 电话 \_\_\_\_\_  
法院地址

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

In the Matter of  
关于

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

Docket Reference  
案卷参考

**PETITION FOR TERMINATION OF GUARDIANSHIP OF THE PERSON**  
**终止人身监护申请书**  
**(Md. Rule 10-209)**  
**(《马里兰州规则》第 10-209 条)**

**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 the guardian's duties.**

**注:** 请使用此表请求法院终止未成年人或残疾人士的人身监护。请在发现终止事由后 45 天内, 向对监护权享有司法管辖权的巡回法院或孤儿法院提交此表。请在申请书上附上要求提供的所有文件。**只有等到法院下令终止监护并解除监护人的义务, 监护才会终止。**

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

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

and whose e-mail address (if available) is \_\_\_\_\_, asks that

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

本人, \_\_\_\_\_, 地址 \_\_\_\_\_  
姓名

\_\_\_\_\_, 电话号码 \_\_\_\_\_,

以及电子邮箱地址(如有) \_\_\_\_\_, 请求法院终止对

\_\_\_\_\_ 的人身监护。  
未成年人或残疾人士姓名

I state that:  
本人声明:

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

本人与未成年人或残疾人士的关系为 人身监护人 财产监护人 人身和财产监护人 其他(请说明):

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  
 \_\_\_\_\_ 由法院命令任命为以下人员的人身监护人：  
 人身监护人姓名  
 \_\_\_\_\_, 任命日期 \_\_\_\_\_ .  
 未成年人或残疾人士姓名 日期

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

\_\_\_\_\_ 未行使对  
 人身监护人姓名  
 未成年人或残疾人士的财产享有的任何控制权(例如, 作为财产监护人)。

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

\_\_\_\_\_ 行使了以下对未成年人或残疾人士的财产享  
 人身监护人姓名  
 有的控制权：  
 \_\_\_\_\_  
 \_\_\_\_\_

4. 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)):  
 以下为所有利益相关者的姓名、地址、电话号码及电子邮箱地址(如有)列表(参阅《马里兰州法典》“财产与信托条款”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士的关系	<u>Address</u> 地址	<u>Telephone Number</u> 电话号码	<u>E-mail Address</u> 电子邮箱地址

5. Guardianship of the person should be terminated because (select all that apply):

人身监护应当终止,理由如下(请选择所有适用项):

\_\_\_\_\_ reached the age of majority on \_\_\_\_\_ .  
Name of Minor Date of Minor's 18th Birthday

A copy of the minor's birth certificate or other proof of age is attached to this petition.

\_\_\_\_\_ 已于 \_\_\_\_\_ 成年。  
未成年人姓名 未成年人 18 岁生日日期

本申请书附上了未成年人的出生证明或其他年龄证明副本。

\_\_\_\_\_ became emancipated because of marriage on \_\_\_\_\_  
Name of Minor

\_\_\_\_\_ 已  
未成年人姓名

\_\_\_\_\_ . A copy of the minor's marriage certificate is attached to this petition.  
Date of Minor's Marriage

\_\_\_\_\_ 因结婚而获得解放。本申请书附上了未成年人的结婚证副本。  
未成年人结婚日期

\_\_\_\_\_ died on \_\_\_\_\_ . A copy of the  
Name of Minor or Disabled Person Date of Death  
minor or disabled person's death certificate is attached to this petition.

\_\_\_\_\_ 已于 \_\_\_\_\_ 离世。本申请书  
未成年人或残疾人士姓名 离世日期

附上了未成年人的死亡证明副本。

\_\_\_\_\_ no longer has the disability that was the basis for  
Name of Disabled Person

guardianship (cessation of disability). An original medical certificate confirming the end of the disability was completed by a physician who has examined the disabled person within 21 days of the filing of this petition and is attached. (The physician should complete Form CC-GN-022, Medical Certificate - Cessation of Disability.)

\_\_\_\_\_ 不再患有获得监护所依据的残疾  
残疾人士姓名

(不再残疾)。医生在本申请书提交后 21 天内对残疾人士进行了检查,并填写了一份确认不再残疾的医学证明原件。本申请书已附上该原件。(医生应填写表 CC-GN-022《不再残疾医学证明》。)

The following other good cause exists to terminate the guardianship:

出现了以下其他终止监护的正当事由:

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

6. All required documentation is attached.  
已附上要求提供的所有文件。

**FOR THESE REASONS, I ask the court to:**  
**基于这些理由, 本人请求法院:**

1. Accept my request to terminate guardianship of the person of \_\_\_\_\_ .  
批准本人终止对 \_\_\_\_\_ 的人身监护之请求。  
Name of Minor or Disabled Person  
未成年人或残疾人士姓名
2. Release \_\_\_\_\_ from the duties as guardian of the person.  
解除 \_\_\_\_\_ 人身监护人的义务。  
Name of Guardian  
监护人姓名
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.  
签发一份命令, 要求利益相关者和法院指示的其他人说明不应批准本人请求的理由。
4. Grant any other and further relief as may be required.  
按照要求批准任何其它和进一步救济。

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.

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

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature  
签名

\_\_\_\_\_  
Printed Name  
楷签

\_\_\_\_\_  
Street Address  
街道地址

\_\_\_\_\_  
City, State, Zip  
市、州、邮政编码

\_\_\_\_\_  
Telephone Number  
电话号码

\_\_\_\_\_  
E-mail  
电子邮箱

\_\_\_\_\_  
Fax  
传真