

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 马里兰州 _____, MARYLAND 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

MOTION FOR APPROPRIATE RELIEF - GUARDIANSHIP PROCEEDING
请求适当救济的动议 - 监护权诉讼

NOTE: Use this form if you are the guardian of a minor or disabled person and want the court's permission to take an action not allowed in the order appointing you as guardian or that requires court permission (e.g., to file an annual report or fiduciary's/guardian's account late, to close a guardianship account, to move the minor or disabled person from one type of housing to another, to consent to medical treatment that poses a substantial risk of life, etc.). Attach any documents that support your request. **You may not perform the action until the court issues an order allowing you to.**

备注: 倘若您是未成年人或残疾人的监护人, 并希望获得法院许可, 以采取在指定您担任监护人的命令中未允许或需要法院许可的举措(例如, 延迟提交年度报告或受托人/监护人账目, 关闭监护账户, 将未成年人或残疾人从一类住房转移至另一类住房, 同意进行存在重大生命风险的治疗等), 请使用该表格。请附上支持您申请的所有文件。**您在法院发布允许您采取相关举措的命令之前, 不得采取该举措。**

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose e-mail address (if available) is _____ was appointed

guardian of the person guardian of the property guardian of the person and property for

Name of Minor or Disabled Person by order of this court on _____
Date of Appointment

本人 _____ (姓名), 地址 _____,
姓名

电话号码 _____, 电子邮箱(若有) _____,

于 _____ (指定日期) 遵照该法院发布的命令受命担任
指定日期

(未成年人或残疾人姓名)的 人身监护人

财产监护人 人身与财产监护人。

I ask the court to issue an order allowing me to (describe the action you want to take):

本人提请法院发布命令, 允许本人(描述您想要采取的举措):

for the following reason(s):

由于下列原因:

I request a hearing on this motion.

本人请求就这一动议进行听审。

Attached are documents in support of my request. 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.

附上支持本人申请的文件。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

CERTIFICATE OF SERVICE

送达证明

I certify that I served a copy of this Motion for appropriate relief - Guardianship Proceeding and any attachments by mail, postage prepaid, on _____ to the following interested persons:

Date

兹证明, 我已于 _____ 通过预付邮资的邮件, 向下列相关人士送达了本
日期
《请求适当救济的动议 - 监护权诉讼》及其任何附件的副本:

Name 姓名	Street Address 街道地址
	City, State, Zip 城市、州、邮政编码
Name 姓名	Street Address 街道地址
	City, State, Zip 城市、州、邮政编码
Name 姓名	Street Address 街道地址
	City, State, Zip 城市、州、邮政编码
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Name 姓名	Street Address 街道地址
	City, State, Zip 城市、州、邮政编码
Date 日期	Signature of Party Serving / Attorney 送件人/代理人签名
	Attorney Number 代理人编号