



CIRCUIT COURT FOR _____, MARYLAND

马里兰州

City/County

市/县

巡回法院

Located at _____

位于

Court Address

法院地址

Case No. _____

案件编号

In the Matter of

关于

Name of Alleged Disabled Person

未成年人或宣称残疾人士姓名

Docket Reference

案卷参考

PETITION FOR APPOINTMENT OF HEALTH CARE PROFESSIONALS

(Md. Rule 10-202 (a)(3))

医疗专业人员任命申请

(马里兰州规则 10-202 (a) (3))

NOTE: Use this form if you are asking the court for guardianship of an alleged disabled person who lives with or is under the control of someone who refuses to allow him or her to be examined or evaluated by health care professionals (physician, psychologist, or licensed certified social worker-clinical). File this form with the **Petition for Guardianship of Alleged Disabled Person** (CC-GN-002). Attach any documents that support your request. The court may issue an order requiring the person who refuses to allow the alleged disabled person to be examined or evaluated to appear at a hearing and explain why the alleged disabled person should not be examined or evaluated. The court may also require the alleged disabled person to appear at that hearing.

注：如果您向法院申请取得一位与拒绝让其接受医疗专业人员（医生、心理医生或持照经认证社工临床工作人员）检查或评估的人住在一起的或受其控制的宣称残疾人士的监护权，则使用此表格。将此表格与**宣称残疾人士监护权申请**（CC-GN-002）一起提交。附上支持您的申请的任何文件。法院可以发布法令，要求拒绝让宣称残疾人士接受检查或评估的人员出席听证会并解释为什么该宣称残疾人士不应接受检查或评估。法院还可能要求宣称残疾人士出席该听证会。

I, _____, whose address is

Name

_____,
whose telephone number is _____, and whose email address (if available) is

_____, ask the court to appoint two health care professionals
to examine or evaluate _____. I state that:

Name of Alleged Disabled Person

本人， _____，

姓名

to appear and show cause why _____ should not be examined
Name of Alleged Disabled Person
or evaluated.

颁发法令，要求_____与宣称残疾人士一起居住或对其施加控制的人员姓名
出席并阐明_____不应接受检查或评估的理由。
宣称残疾人士姓名

2. Schedule a hearing as soon as possible.
尽快安排听证会。
3. 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个人所知所信，此文件内容真实。如有不实甘受伪证罪之罚。

Date
日期

Signature
签名

Printed Name
大写姓名