



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 TO TRANSFER GUARDIANSHIP TO ANOTHER COUNTY
(Md. Rule 10-109(b))**

NOTE: Use this form if you are the guardian of a minor or disabled person and want the guardianship to be transferred to the circuit court in another county in Maryland. Attach any documents that support your request.

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose email address (if available) is _____, ask the court to

transfer the guardianship of the person of the property of the person and property of

_____ to the circuit court orphans' court of
Name of Minor or Disabled Person

City/County

I state that:

1. I was appointed as guardian of the person of the property of the person and property of
_____ by order of this court on _____
Name of Minor or Disabled Person Date

2. The transfer of the guardianship

is in the best interest of the minor or disabled person because:

serves my convenience because:

and is not inconsistent with the best interest of the minor or disabled person, and serves the interest of justice.

FOR THESE REASONS, I ask the court to:

1. Transfer the guardianship of the person of the property of the person and property of
..... to the circuit court orphans' court of
Name of Minor or Disabled Person
.....
City/County
2. 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

CERTIFICATE OF SERVICE

I certify that I served a copy of this Petition to Transfer Guardianship to Another County and any attachments by mail, postage prepaid, on to the following interested persons:
Date

..... Name	..... Address
	..... City/State/Zip
..... Name	..... Address
	..... City/State/Zip
..... Name	..... Address
	..... City/State/Zip
..... Name	..... Address
	..... City/State/Zip
..... Name	..... Address
	..... City/State/Zip

..... Date
..... Signature of Serving Party