



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND
City/County

马里兰州 _____ 巡回法院 孤儿法院
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
未成年人或残疾人姓名

Docket Reference
案卷编号

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

**向另一县移交监护权的申请
《《马里兰州规则》第10-109(b)条》**

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.

注: 如果您是未成年人或残疾人的监护人, 并且希望将监护权移交给马里兰州其他县的巡回法院, 请填写本表格。附上支持您的申请的任何文件。

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose e-mail 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

City/County

本人, _____, 地址 _____
姓名

_____ 电话号码 _____

_____ 电子邮箱(如有), 提请法院

将 _____ 未成年人或残疾人姓名

_____ 的 人身监护权 财产监护权 人身及财产监护权转移至

_____ 市/县 _____ 巡回法院 孤儿法院。

I state that:
本人声明:

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
法院任命本人为 _____ 未成年人或残疾人姓名 _____ 的
人身监护人 财产监护人 人身及财产监护人, 任命日期

2. The transfer of the guardianship
监护权转让

is in the best interest of the minor or disabled person because:
符合未成年人或残疾人的最佳利益, 因为:

serves my convenience because:
为本人提供便利, 因为:

and is not inconsistent with the best interest of the minor or disabled person, and serves the interest of justice.
不符合未成年人或残疾人的最佳利益, 但符合司法公正。

FOR THESE REASONS, I ask the court to:
基于上述原因, 本人提请法院:

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

将 _____ 未成年人或残疾人姓名 _____ 的 人身监护权 财产监护权
人身及财产监护权转移至 _____ 市/县 _____ 巡回法院 孤儿法院。

市/县

2. Grant any other and further relief as may be required.
按照要求批准其他任何进一步的救济。

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

Street Address
街道地址

City, State, Zip
城市、州、邮政编码

E-mail
电子邮箱

Signature
签名

Printed Name
印刷体签名

Telephone Number
电话号码

Fax
传真

CERTIFICATE OF SERVICE
送达证明

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:

本人特此证明, 本人已于 _____, 通过预付邮资邮件方式, 将本《向另一县移交监护权的申请》副本及任何附件送达以下人士:
Date
日期

Name
姓名

Name
姓名

Name
姓名

Name
姓名

Name
姓名

Name
姓名

Name
姓名

Name
姓名

Date
日期

Street Address
街道地址

City, State, Zip
市、州、邮政编码

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Signature of Serving Party
送达方签名