

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

马里兰州 _____ 巡回法院 孤儿法院

City/County
市/县

Located at _____ Telephone. _____
地点 _____ 电话 _____

Court Address
法院地址

Case No. _____
案件编号 _____

In the Matter of
关于

Name of Disabled Person or Minor
残疾人或未成年人姓名

Docket Reference
案卷编号

PETITION TO TRANSFER GUARDIANSHIP TO ANOTHER STATE

监护权移交另一州的申请

(Md. Code, Estates & Trusts Art., § 13.5-301)

(《马里兰州法典》遗产及信托条款第13.5-301条)

NOTE: Use this form if you are the guardian of a disabled person or minor and want the court to transfer the guardianship from Maryland to another state. Attach any documents that support your request.

注：如果您是残疾人或未成年人的监护人，并且希望法院将监护权从马里兰州转移至其他州，请填写本表格。附上支持您的申请的任何文件。

I, _____, whose address is _____

本人, _____, 地址 _____

Name
姓名

Address
地址

_____ whose telephone number is _____

_____ 电话号码 _____

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 _____

in the state of _____ and in the county of _____.

电子邮箱(如有) _____, 提请法院

将 _____ 的 人身监护权 财产监护权 人身及财产监护权转移至

未成年人或残疾人姓名

_____ 州 _____ 县的 _____。

Name of Court
法院名称

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 Disabled Person or Minor Date of Guardian's Appointment

法院任命本人为_____未成年人或残疾人姓名
残疾人或未成年人的姓名

_____的 人身监护人 财产监护人 人身及财产监护人, 任命日期
监护人任命日期

2. Complete Section 2 if you are asking the court to transfer a guardianship of the person to another state.
如果您要求法院将该人士的监护权转移至另一个州, 请填写第2部分。

The guardianship of the person should be transferred because _____
Name of Disabled Person or Minor

now lives in or is expected to move permanently to the state of _____.

The plans for care and services in the state of _____ are:

应转移该人士的监护权, 因为 _____
残疾人或未成年人的姓名

现居住于或预计将永久迁往 _____ 州。

_____州的护理与服务计划是:

3. Complete Section 3 if you are asking the court to transfer a guardianship of the property to another state.
如果您要求法院将该财产的监护权转移至另一个州, 请填写第3部分。

_____ (select one):

_____ (选择一项):

Name of Disabled Person or Minor
残疾人或未成年人的姓名

now lives in or is expected to move permanently to the state of _____.

现居住于或预计将永久迁往 _____ 州。

does not live in and is not expected to move permanently to the state of _____
but has the following significant connection to that state:

不再居住于或预计不会永久迁往 _____ 州。
但与该州存在以下重要联系:

The plans for management of property in the guardianship estate in the state of _____ are:
州监护财产的财产管理计划是:

4. Facts supporting that _____ will accept the transfer of the guardianship are:
支持 _____ 接受转移监护权的事实有:

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 state of _____, pursuant to Md. Code, Estates and Trusts Art., § 13.5-301.

将 _____ 的 人身监护权 财产监护权 人身及财产监护权转
未成年人或残疾人姓名
移至 _____ 州, 根据
《马里兰州法典》遗产及信托条款第13.5-301条

2. Terminate the guardianship of the person of the property of the person and property of _____ in this court upon acceptance of the transfer by the _____ state of _____.

终止对 _____ 的 人身监护权 财产监护权 人身及财产监护权,
未成年人或残疾人姓名
并且在本法院接受 _____ 州转让。

3. 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

Signature
签名

Street Address
街道地址

Printed Name
印刷体签名

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 Petition to Transfer Guardianship to Another State and any attachments by mail, postage prepaid, on _____ to the following interested persons:
Date

本人特此证明, 本人已于 _____, 通过预付邮资邮件, 将本《向外州转移监护权的申请》副本及任何附件送达以下人士:
日期

Name
姓名

Street Address
街道地址

City, State, Zip
市、州、邮政编码

Name
姓名

Street Address
街道地址

City, State, Zip
市、州、邮政编码

Name
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City, State, Zip
市、州、邮政编码

Name
姓名

Street Address
街道地址

City, State, Zip
市、州、邮政编码

Date
日期

Signature of Serving Party
送达方签名