



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 FOR TERMINATION OF GUARDIANSHIP OF THE
PERSON AND PROPERTY
(Md. Rules 10-209 AND 10-710)**

NOTE: Use this form to ask the court to terminate the guardianship of the person **and** property of a minor or disabled person. File this form within 45 days after discovery of the grounds for termination in the circuit or orphans' court that has jurisdiction over the guardianship. Attach all required documentation to the petition. **The guardianship does not end until the court issues an order terminating the guardianship and releasing the guardian of his/her duties.**

I, _____, whose address is _____
Name
_____, whose telephone number is _____,
and whose email address (if available) is _____, ask that the court
terminate the guardianship of the person and property of _____.
Name of Minor or Disabled Person

I state that:

1. My relationship to the minor or disabled person is guardian of the person guardian of the property guardian of the person and property other (*describe*):

2. _____ was appointed guardian of the person for
Name of Guardian of the Person
_____ by order of this court on _____
Name of Minor or Disabled Person Date

3. _____ was appointed guardian of the property for
Name of Guardian of the Property
_____ by order of this court on _____
Name of Minor or Disabled Person Date

4. The following is a list of names, addresses, telephone numbers, and email addresses (if available) of all interested persons (see Md. Code, Estates and Trusts Article, §13-101(j)):

<u>Name</u>	<u>Relationship to Minor or Disabled Person</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Email Address</u>
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5. The guardianship should be terminated because (select all that apply):

- _____ reached the age of majority on _____.
Name of Minor Date of Minor's 18th Birthday
 A copy of the minor's birth certificate or other proof of age is attached to this petition.
- _____ became emancipated because of marriage on _____.
Name of Minor Date of Minor's Marriage
 A copy of the minor's marriage certificate is attached to this petition.
- _____ died on _____.
Name of Minor or Disabled Person Date of Death
 A copy of the minor or disabled person's death certificate is attached to this petition.
- A probate estate was opened in the orphans' court of _____,
County
 _____ filed _____.
Estate Number Date
- A probate estate has not been opened because no assets remain in the estate
 all remaining assets are jointly owned.
- _____ no longer has the disability that was the basis for
Name of Disabled Person
 guardianship (cessation of disability). One (1) original medical certificate confirming the end of the disability was completed by a physician who has examined the disabled person within 21 days of the filing of this petition and is attached to this petition. (The physician should complete the Medical Certificate - Cessation of Disability (CC-GN-022)).

Guardianship of the property should be terminated because the following event specified in the order appointing the guardian of the property occurred on: _____ Date

All assets in the estate have been distributed as authorized in the order appointing the guardian of the property.

The following other good cause exists to terminate the guardianship:

6. Attached to this petition is a final Fiduciary's/Guardian's Account covering the period not reported in the last account filed, or, if none previously filed, from the date you were appointed as guardian of the property. (Use the Fiduciary's Account (CC-GN-012), if the guardianship is in the circuit court or RW1320, Guardian's Account, if the guardianship is in the orphans' court).
7. *Section 7 applies if there are assets remaining in the estate.*
Attached to this petition is a proposal for the final distribution of any remaining assets in the estate.
8. All required documentation is attached.

FOR THESE REASONS, I ask the court to:

1. Accept my request to terminate guardianship of the person and property of

Name of Minor or Disabled Person

2. Release _____ of the duties as guardian of the person.
Name of Guardian of the Person

3. Release _____ of the duties as guardian of the property.
Name of Guardian of the Property

4. Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.

5. 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