



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

巡回 孤儿法院 _____, 马里兰州

City/County
城市/县

Located at
地址 _____

Case No.
案件编号 _____

Court Address
法院地址

In the Matter of
关于

Name of Minor or Disabled Person
未成年人或残障人士姓名

Docket Reference
案卷参考编号

PETITION FOR TERMINATION OF GUARDIANSHIP OF THE PERSON AND PROPERTY

人身和财产监护终止申请

(Md. Rules 10-209 AND 10-710)

(马里兰州法规第 10-209 和 10-710 条)

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.**

注意：使用此表要求法院终止未成年人或残障人士的人身和财产监护。请在发现终止监护的依据后 45 天内在对监护拥有司法管辖权的巡回或孤儿法院提交此表。在申请内附上所有要求的文件。法院发布终止监护并解除监护人之职责的命令之前，监护不会终止。

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

本人 _____, 地址 _____
姓名

_____, 电话号码 _____,

电子邮箱地址（如有） _____, 要求法院

终止的人身和财产监护 _____。
未成年人或残障人士姓名

I state that:

本人表示:

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*):

1. 我与未成年人或残障人士的关系是 人身监护人 财产监护人 人身和财产监护人 其他 (请说明):

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

2. _____ 于 _____ 按照本法院命令被任命为
人身监护人姓名 日期
_____ 的人身监护人。
未成年人或残障人士姓名

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

3. _____ 于 _____ 按照本法院命令被任命为
财产监护人姓名 日期
_____ 的财产监护人。
未成年人或残障人士姓名

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)):

4. 以下为所有利害关系人的姓名、地址、电话号码和电子邮箱地址 (如有) 列表 (参阅马里兰州法典财产与信托条款第 13-101(j) 款):

<u>Name</u> 姓名	<u>Relationship to Minor or Disabled Person</u> 与未成年人或残障人士的关系	<u>Address</u> 地址	<u>Telephone Number</u> 电话号码	<u>Email Address</u> 电子邮箱地址

5. The guardianship should be terminated because (select all that apply):

5. 监护应终止，因为（选择所有适用项）：

_____ 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.

_____ 于 _____ 成年。
未成年人姓名 未成年人 18^岁生日日期

未成年人的出生证明或其他年龄证据副本附于本申请后。

_____ 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.

_____ 因为在 _____ 结婚而独立。
未成年人姓名 未成年人结婚日期

未成年人结婚证明副本附于本申请后。

_____ died on _____. A copy of the
Name of Minor or Disabled Person Date of Death

minor or disabled person's death certificate is attached to this petition.

_____ 在 _____ 死亡。
未成年人或残障人士姓名 死亡日期

未成年人或残障人士死亡证明副本附于本申请后。

A probate estate was opened in the orphans' court of _____,
County
_____ filed _____.
Estate Number Date

遗嘱遗产于 _____ 孤儿法院开设， _____
县 财产编号
于 _____ 提交。
日期

A probate estate has not been opened because no assets remain in the estate

all remaining assets are jointly owned.

遗嘱财产尚未开设，因为 财产中无资产遗留

所有剩余资产均为共同持有。

- _____ 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)).
- _____ 作为监护依据的残疾状况已消失（康复）。
残障人士姓名
在提交此申请后 21 天内为残障人士进行检查的医师所填写的确认残疾状况已终止的医疗证明原件一 (1) 份附于本申请后。（医师应填写医疗证明 —— 康复 (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

- 财产监护应因 _____ 发生的任命财产监护人命令中指定的下列事件终止。
日期

- All assets in the estate have been distributed as authorized in the order appointing the guardian of the property.
- 财产中所有资产均已按照任命财产监护人命令授权之方式进行分配。
- The following other good cause exists to terminate the guardianship:
- 下列是其他终止监护的存在正当理由：

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).
6. 此申请所附文件为涵盖上次提交账户中未报告之时期或（若之前未提交账户）自您被任命为财产监护人之日起的最终受益人/监护人账户。（使用受益人账户 (CC-GN-012)（若监护权在巡回法院）或 RW1320 监护人账户（若监护权在孤儿法院））。

7. Section 7 applies if there are assets remaining in the estate.

7. 如果财产中有资产遗留，则第7节规定适用。

Attached to this petition is a proposal for the final distribution of any remaining assets in the estate.

此申请所附文件为财产中任何剩余资产之最终分配提案。

8. All required documentation is attached.

8. 随附所有要求的文件。

FOR THESE REASONS, I ask the court to:

出于以上理由，本人要求法院：

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

Name of Minor or Disabled Person

1. 接受我终止 _____ 的人身和财产监护的申请。
未成年人或残障人士姓名

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

2. 解除 _____ 作为人身监护人的职责。
人身监护人姓名

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

3. 解除 _____ (财产监护人姓名) 作为财产监护人的职责。

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.

4. 发布命令，要求利害关系人和法院指示的任何其他人员表明我的申请书不应得到批准的理由。

5. Grant any other and further relief as may be required.

5. 按照要求批准任何可能需要的其他及进一步救济。

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
姓名

Printed Name
印刷体姓名