



CIRCUIT ORPHANS' COURT FOR \_\_\_\_\_, MARYLAND

巡回法院

孤儿法庭

City/County

城市/县

马里兰州

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

地址

Court Address

法院地址

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

案卷参考

**REVOCAION OF WAIVER OF NOTICE – INTERESTED PERSON**

**(Md. Rules 10-105 (b))**

**撤销通知弃权书——利害关系人**

**(马里兰州规则 10-105 (b))**

**NOTE:** Use this form if you are an interested person (other than the minor or disabled person) who asked the court to waive your right to notice in a guardianship case and want to revoke that waiver. File this form in the circuit or orphans' court that has jurisdiction over the guardianship.

**Your request is effective on the date you file this revocation.**

**注：**如果您要求法院放弃您在监护权案件中的通知权并希望撤销该弃权书的利害关系人（未成年人或残疾人除外），则使用此表格。在对监护权有司法管辖权的巡回或孤儿法院提交此表格。您的申请在您提交此撤销申请之日生效。

I, \_\_\_\_\_, whose address is \_\_\_\_\_  
Name

whose telephone number is \_\_\_\_\_, and whose email address (if available) is \_\_\_\_\_, an interested person to the guardianship of

本人, \_\_\_\_\_,  
姓名

\_\_\_\_\_,  
地址

\_\_\_\_\_, 电子邮箱地址（如可用）  
电话号码

\_\_\_\_\_, 是 \_\_\_\_\_  
未成年人或残疾人姓名

以下监护权的利害关系人：

\_\_\_ the person  
当事人

\_\_\_ the property  
财产

\_\_\_ the person and property of  
当事人及其财产

\_\_\_\_\_ revoke my waiver of notice approved by this court on \_\_\_\_\_.  
Name of Minor or Disabled Person Date

\_\_\_\_\_ 撤销此法院于 \_\_\_\_\_ 批准的通知弃权书。  
未成年人或残疾人姓名 日期

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  
签名

\_\_\_\_\_  
Printed Name  
大写姓名