



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

City/County

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

Court Address

In the Matter of

\_\_\_\_\_  
Name of Alleged Disabled Person

\_\_\_\_\_  
Docket Reference

**REQUEST FOR EXPEDITED HEARING  
IN CONNECTION WITH MEDICAL TREATMENT  
(Md. Code, Estates & Trusts Art., §13-705(f), Md. Rule 10-201(f))**

**NOTE:** Use this form to ask the court to hold an expedited hearing on your petition for guardianship of the person of an alleged disabled person. An expedited hearing may be needed if delaying a decision about starting/stopping treatment or discharge from a health care facility compromises or threatens the medical well-being of the alleged disabled person, even if a delay may not put them in imminent risk of harm. File this request with your petition. Attach additional sheets if needed.

I, \_\_\_\_\_, whose age is \_\_\_\_\_, whose date of birth is \_\_\_\_\_,  
Name Age  
\_\_\_\_\_, whose address is \_\_\_\_\_,  
Address  
\_\_\_\_\_, whose telephone number is \_\_\_\_\_,  
Telephone Number  
and whose email address (if available) is \_\_\_\_\_, ask the court  
Email  
to appoint me as guardian of ☐ the person ☐ the property ☐ the person and property of \_\_\_\_\_  
\_\_\_\_\_. I state that:

1. I am asking the court to hold an expedited hearing for the following reasons (describe how the alleged disabled person's current circumstances are not meeting his or her medical needs):

2. The appointment of a guardian is needed to make the following decision(s) regarding the alleged disabled person's medical treatment (describe the proposed treatment, including any proposed change to treatment):

3. If the court does not expedite the hearing, the alleged disabled person's medical circumstances will be harmed in the following way(s):

4. I made the following efforts to notify interested persons and persons nominated as guardian of the person about this request for an expedited hearing (describe attempts to notify interested persons and person nominated as guardian or their lawyers in-person, by phone, fax, email, or through other means):

5. The alleged disabled person ☐ **does** ☐ **does not** have sufficient understanding or capacity to make or communicate a responsible decision to consent to or refuse the proposed medical treatment. Explain:

6. Attempts to get consent to the proposed medical treatment through 1) a valid advance directive, 2) a Power of Attorney that authorizes health care decision making, 3) a surrogate decision maker authorized under Health General Article 5-601, *et. seq.*, or 4) any other means were unsuccessful for the following reasons:

7. The court should be aware of the following other facts:

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

\_\_\_\_\_  
Printed Name