

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  
City/County

巡回法院 孤儿法院 \_\_\_\_\_, 马里兰州  
市/县

Located at \_\_\_\_\_ Telephone \_\_\_\_\_  
地址 \_\_\_\_\_ 电话 \_\_\_\_\_

Court Address  
法院地址

In the Matter of  
关于

Case No. \_\_\_\_\_  
案件编号 \_\_\_\_\_

Name of Alleged Disabled Person  
未成年人或宣称残疾人士姓名

Docket Reference  
案卷参考

**REQUEST FOR EXPEDITED HEARING  
IN CONNECTION WITH MEDICAL TREATMENT  
加快举行医疗事项 听证会申请**

**(Md. Code, Estates & Trusts Art., §13-705(f), Md. Rule 10-201(f))  
《马里兰州法典》遗产及信托条款第 13-705(f) 条、《马里兰州规则》第 10-201(f) 条)**

**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.

**注:** 可使用此表请求法院对您提交的宣称残疾人士人身监护申请加快举行听证会。如果延迟决定开始/停止治疗或从医疗设施出院会损害或威胁到宣称残疾人士的身体健康, 即使不会面临紧迫的伤害风险, 也需要加快举行听证会。请随您的申请书一同提交本请求。如有必要请另附页。

I, \_\_\_\_\_, whose age is \_\_\_\_\_, whose date of birth is \_\_\_\_\_  
Name Age

\_\_\_\_\_, whose address is \_\_\_\_\_  
Address

\_\_\_\_\_, whose telephone number is \_\_\_\_\_,  
Telephone Number

and whose e-mail address (if available) is \_\_\_\_\_, ask the court  
E-mail

to appoint me as guardian of  the person  the property  the person and property of \_\_\_\_\_

\_\_\_\_\_. I state that:

本人, \_\_\_\_\_, 姓名 \_\_\_\_\_, 年龄 \_\_\_\_\_, 出生日期 \_\_\_\_\_  
姓名 年龄

\_\_\_\_\_, 地址 \_\_\_\_\_  
地址

\_\_\_\_\_, 电话号码 \_\_\_\_\_,  
电话号码

电子邮箱地址(如有) \_\_\_\_\_, 要求法院  
电子邮箱

任命本人为以下人员的 人身 财产 人身及财产监护人:

\_\_\_\_\_. 本人声明:

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 the medical needs of that person):  
出于以下原因, 本人请求法院加快举行听证会(请描述宣称残疾人士目前的情况为何无法满足其医疗需求):

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):  
需要任命一名监护人, 以便就宣称残疾人士的医疗做出以下决定(请描述提议的治疗, 包括任何提议的治疗变更):

3. If the court does not expedite the hearing, the alleged disabled person's medical circumstances will be harmed in the following way(s):  
如果法院不加快举行听证会, 宣称残疾人士的身体状况将受到以下损害:

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, e-mail, or through other means):  
本人已尽以下努力, 将加快举行听证会的请求通知了利益相关者和被任命为人身监护人的人员(请描述为当面、通过电话、传真、电子邮件或其他方式通知利益相关者和被指定为人身监护人的人员或其律师所作的尝试):

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:  
宣称残疾人士  已  未充分理解提议的医疗或具备能力负责任地做出或传达同意或拒绝的决定。请详细说明:

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:  
尝试通过以下方式征得对提议的医疗的同意: 1) 有效的预先指示; 2) 医疗决定《授权书》; 3) 经卫生一般条款第 5-601 条及后续条款授权的代理决定人; 或 4) 出于以下原因, 任何其他方式均未成功:

7. The court should be aware of the following other facts:  
法院应当了解以下其他事实:

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, 据本人所知所信, 此文件内容真实。如有不实甘受伪证罪之判罚。

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature  
签名

\_\_\_\_\_  
Street Address  
街道地址

\_\_\_\_\_  
Printed Name  
楷签

\_\_\_\_\_  
City, State, Zip  
市、州、邮政编码

\_\_\_\_\_  
Telephone Number  
电话号码

\_\_\_\_\_  
E-mail  
电子邮箱

\_\_\_\_\_  
Fax  
传真