CIDCHIT OPPHANC! COURT FOR	• • · · · · · · · · · · · · · · · · · ·
CIRCUIT ☐ ORPHANS' COURT FOR	, MARYLAN
	<b>,马里兰/</b> 市/县
	•
Located at	Telephone
Court Address	
法院地址	
In the Matter of 关于	Case No 案件编号
<b>√</b> 1	未IT 洲 ウ
Name of minor or alleged disabled person 未成年人或宣称残疾人士姓名	Docket Reference 室卷参考
PRE-HEARING STATEME 听证会前声明 (Md. Rule 10 (《马里兰州规则》第	<mark>(监护权)</mark> 0-106.1)
<u>您的个人信息</u>	
全名:	
全名: Address:	
全名: Address:	
全名: Address: 地址:	
全名: Address: 地址:  Telephone:	
全名: Address: 地址:  Telephone: 电话号码:	
全名: Address: 地址:  Telephone: 电话号码:  E-mail (if any):	
全名: Address: 地址:  Telephone: 电话号码:  E-mail (if any):	
全名: Address: 地址:  Telephone: 电话号码: E-mail (if any): 电子邮箱(如有):  I am (select one):	
全名: Address: 地址:  Telephone: 电话号码: E-mail (if any): 电子邮箱(如有):  I am (select one): 本人是(请选择一项):	
全名: Address: 地址:  Telephone: 电话号码: E-mail (if any): 电子邮箱(如有):  I am (select one):	
全名: Address: 地址:  Telephone: 电话号码:  E-mail (if any): 电子邮箱(如有):  I am (select one): 本人是 (请选择一项):  □ the petitioner. 申请人。	
全名: Address: 地址:  Telephone: 电话号码:  E-mail (if any): 电子邮箱(如有):  I am (select one): 本人是 (请选择一项):  □ the petitioner. 申请人。 □ the attorney for the petitioner,	Name of petitioner
全名: Address: 地址:  Telephone: 电话号码: E-mail (if any): 电子邮箱(如有):  I am (select one): 本人是 (请选择一项):  □ the petitioner. 申请人。	Name of petitioner
全名: Address: 地址:  Telephone: 电话号码:  E-mail (if any): 电子邮箱(如有):  I am (select one): 本人是(请选择一项):  □ the petitioner. 申请人。 □ the attorney for the petitioner,	Name of petitioner 申请人姓名
全名:  Address: 地址:  Telephone: 电话号码:  E-mail (if any): 电子邮箱(如有):  I am (select one): 本人是 (请选择一项):  □ the petitioner. 申请人。 □ the attorney for the petitioner, □ 申请人律师, □ the attorney for the minor or alleged disabled p	Name of petitioner 申请人姓名

the attorney for an interested person,
Name of interested person
利益相关者律师,
Minor or Alleged Disabled Person's Attendance at the Hearing  未成年人或宣称残疾人士出席听证会  Select all that apply: 请选择所有适用项:  □ the minor or alleged disabled person will attend the hearing in person.  未成年人或宣称残疾人士将现场出席听证会。 □ the minor or alleged disabled person needs the following special accommodations to attend or participate in the hearing:  未成年人或宣称残疾人士需要以下特殊便利措施才能出席或参与听证会: □ remote electronic participation.  远程线上参与。
for the hearing to be held at, a place to
which the minor or alleged disabled person has reasonable access.
听证会在举行,该地点
对未成年人或宣称残疾人士来说出入方便。
other:
□ the alleged disabled person will not be present at the hearing because*:
*Attorneys: See Md. Rule 10-106.1(b)(2) *律师:请参阅《马里兰州规则》第 10-106.1(b)(2) 条
□ I do not have the information needed to complete this section. 本人未掌握相关信息来填写此部分。
Jury Trial 陪审团审判 Only complete this section if you are an attorney representing an alleged disabled person on a petition seeking guardianship of the person. 仅当您作为宣称残疾人士的人身监护申请代理律师时,才需要填写此部分。
The alleged disabled person (select one): 宣称残疾人士(请选择一项):
□ requests a jury trial. 请求陪审团审判。
□ waives the right to a jury trial.  放弃陪审团审判的权利。

## **Stipulations and/or Limitation of Issues**

约定和/或事项限制

List any issues (facts, evidence, etc.) you and all other parties agree about (stipulations) or issues that you and all other parties agree need to be resolved by the court (limitations). Attach additional sheets if needed.

请列出您和所有其他各方意见达成一致的任何事项(事实、证据等)(约定)或您和所有其它各方同意需要由法院解决的事项(限制)。如有必要请另附页。

	A. Stipulations 约定
	B. Limitation of Issues 事项限制
未成年人 Only com	of Minor or Alleged Disabled Person 或宣称残疾人士的立场  pplete this section if you are an attorney representing the minor or alleged disabled person.  ph未成年人或宣称残疾人士的代理律师时,才需要填写此部分。
	client stated or expressed a position that you are permitted to share with the court regarding: E人是否就以下事项陈述或表明了其立场, 且您可以与法院分享:
	A. The need for guardianship? ☐ Yes ☐ No 是否需要监护? 是 否
	If yes, what is your client's position? 如果是, 您的委托人持何立场?
	B. The availability of any less restrictive alternative to guardianship? ☐ Yes ☐ No 是否有限制更少的监护替代方案? 是 否
	If yes, what is your client's position? 如果是, 您的委托人持何立场?
	C. Limitations of the powers of the guardian of the person (if appointed) ☐ Yes ☐ No 人身监护人(如有任命)的权限是否受到限制 是 否
	If yes, what is your client's position? 如果是, 您的委托人持何立场?
	D. The appropriateness of the person proposed to be guardian of the person? ☐ Yes ☐ No 提议的人身监护人是否合适? 是 否
	If yes, what is your client's position? 如果是, 您的委托人持何立场?

E. Limitations of the powers of the guardian of the property (if appointed)? ☐ Yes ☐ No 财产监护人(如有任命)的权限是否受到限制? 是 否
If yes, what is your client's position? 如果是, 您的委托人持何立场?
F. The appropriateness of the person proposed to be guardian of the property? □ Yes □ No 提议的财产监护人是否合适? 是 否 If yes, what is your client's position? 如果是, 您的委托人持何立场?
Position of Petitioner or Interested Person 申请人或利益相关者的立场 Only complete this section if you are the petitioner, an interested person, or an attorney representing the petitioner or an interested person. 仅当您作为申请人、利益相关者,或申请人或利益相关者的代理律师时,才需要填写此部分。
State your/your client's position regarding: 请陈述您/您的委托人就以下事项的立场:
A. The need for guardianship. 是否需要监护。
Do you/Does your client believe the minor or alleged disabled person needs a guardian of the person?  Yes No Not applicable 您/您的委托人是否认为未成年人或宣称残疾人士需要人身监护人? 是 否 不适用
Do you/Does your client believe the minor or alleged disabled person needs a guardian of the property?  Yes No Not applicable 您/您的委托人是否认为未成年人或宣称残疾人士需要财产监护人? 是否不适用
B. The availability of any less restrictive alternative to guardianship. 是否有限制更少的监护替代方案。
Do you/Does your client believe that there are any available less restrictive alternatives to guardianship?  Yes No 您/您的委托人是否认为有限制更少的监护替代方案? 是否 If yes, explain: 如果是, 请详细说明:

## C. Guardianship of the person (if applicable). 人身监护(如适用)。

What, if any, limits do you/does your client believe the court should place on the powers of the proposed guardian of the person (if appointed):

您/您的委托人认为法院应对提议的人身监护人(如果被任命)的权限施加哪些限制(如有):

	Do you/does your client have an objection to the proposed guardian of the person? ☐ Yes ☐ No 您/您的委托人是否对提议的人身监护人有异议? 是 否
	If yes, explain: 如果是, 请详细说明:
	Guardianship of the property (if applicable). 财产监护(如适用)。
	What, if any, limits do you/does your client believe the court should place on the powers of the proposed guardian of the property (if appointed): 您/您的委托人认为法院应对提议的财产监护人(如果被任命)的权限施加哪些限制(如有):
	Do you/does your client have an objection to the proposed guardian of the property? ☐ Yes ☐ No 您/您的委托人是否对提议的财产监护人有异议? 是 否
	If yes, explain: 如果是, 请详细说明:
sted Po	<u>ersons</u>
	crested persons not previously identified in a pleading or paper filed in this case? 交的诉状或文书中是否有先前未确认身份的利益相关者?
□No	

If yes, lis served case paperwork (attach additional sheets if needed):

如果是,请列出其姓名、与未成年人或宣称残疾人士的关系,以及如果已知,请说明是否向其送达了案件文书(如有 必要,请另附纸页):

Name 姓名 Address 地址 Telephone Number 电话号码 E-mail Address (if known) 电子邮箱地址 (如已知) Relationship to Minor or Alleged Disabled person 与未成年人或宣称残疾人士的关系

Served? □ Yes □ No □ Unknov 是否已送达? 是 否 不知	vn 吅道		
Served? ☐ Yes ☐ No ☐ Unknow 是否已送达? 是 否 不知	vn 口道		
Served? Yes No Unknow 是否已送达? 是 否 不知Do you/does your client have an oindividual is not designated as an Yes No 您/您的委托人是否对指定的任何本案件。) 是 否 If yes, explain: 如果是,请详细说明:	们道 bjection to the designation of a interested person, then they wi	ill NOT be allowed to partic	ipate as a party in the case.)
Property 财产 If guardianship of the property is sinterest in, including an absolute in been identified in a pleading or pa如果申请财产监护,是否有任何状或文书中未确定的绝对权益、If yes, describe (attach additional 如果是,请描述(如有必要请另附	nterest, joint interest, or an interest, joint interest, or an interper filed in this case? Yes 对对此一时未成年人或宣称残疾,共同权益或次于绝对权益的和的。	erest less than absolute (trus ] No 人士所有或由其享有任何村	t, life estate, etc.) that has not
Property 财产	Location 地点	Value 价值	Trustee, Custodian, Agent, etc. 受托人、保管人、 代理人等

Expert Testimony 专家证词
Will you present any expert witnesses?  Yes No
您是否会携带任何专家证人出席? 是 否
If yes, list the full name of each expert witness (attach additional sheets if needed):
如果是,请列出每位专家证人的全名(如有必要请另附页):
Other Issues 其他事项
See court order.
请参阅法院命令。
Scheduling Concerns
<u>日程安排问题</u> Are there any appoint school-line issues the court should know shout (a.g. presentation of moments sofety concerns need
Are there any special scheduling issues the court should know about (e.g., preservation of property, safety concerns, need for early hearing, etc.)?
是否有任何特殊日程安排问题需要法院了解(例如,财产保护、安全问题、需要提前举行听证会等)?
Note: This section does not apply to requests for expedited hearings in connection with medical treatment filed with a
petition for guardianship of the person of an alleged disabled person (Md. Rule 10-201(f)).
注:此部分不适用于随宣称残疾人士的人身监护申请一起提交的医疗事项快速听证会申请(《马里兰州规则》第 10-201(f) 条)。
是否
If yes, explain:
如果是,请详细说明:
Estate Planning and Other Documents
财产规划和其他文件 Are there any documents such as powers of attorney, advance health care directives, or similar documents related to the
minor or alleged disabled person not identified in the court file? $\square$ Yes $\square$ No
是否有任何文件, 如授权书、预先医疗保健指令, 或与未成年人或宣称残疾人士有关联的类似文件, 未在法院档案中
确定? 是 否
If yes, list:
如果是,请列明:
Mediation <mark>调解</mark>
Do you believe that mediation would be helpful in this case?  No
您是否认为调解对本案有所帮助? 是 否

If yes, explain what issue(s) should be address 如果是, 请详细说明调解应当解决的事项(例		, powers of the guardian, etc.)	
Appointment of an Independent Investigato	<u>or</u>		
<u>独立调查员任命</u>	1		
Do you believe the court should appoint an ind	dependent investigator to investigate a specific	c issue or issues and submit	
written findings to the court? Yes No			
您是否认为法院应当任命一名独立调查员来			
If yes, explain the issue(s) (e.g., whether there	is a need for guardianship, the suitability of a	proposed guardian, or	
limitation on the powers of a guardian, etc.)? 如果是,请详细说明这些事项(例如,是否需	更此拍 埋心的此拍人具不会话 武对此拍	人权限的限制(笔)2	
和木足, 相片细胞则及三事类(例如, 足口面	女血》、证例由"八足百百起,或八血"。	(八大区内)区间(寸):	
Date	Signature of Plaintiff/Attorney	Attorney Number	
日期	原告/律师签名	律师编号	
Telephone Number 电话号码	Printed Name 正楷姓名	Printed Name 工株批石	
电焰分铜	正怕 <b>灶</b> 有		
Fax	Street Address		
传真	街道地址		
E-mail	City, State, Zip		
电子邮件	城市、州、邮政	编码	