

**This form contains Restricted Information.**  
**此表格含有受限信息。**



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

巡回法院 孤儿法院 \_\_\_\_\_ 马里兰州

City/County  
市/郡

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

地址 \_\_\_\_\_ 案件编号 \_\_\_\_\_

Court Address  
法院地址

In the Matter of  
关于

Name of Minor or Disabled Person  
未成年人或残疾人士姓名

Docket Reference  
案卷参考

**MOTION TO REVIEW GUARDIANSHIP**

**监护人身份审查动议**

(Md. Code, Estates & Trusts Art. § 13-101(k), Md. Rule 10-103(f))

(《马里兰州法典》遗产及信托条款第 13-101(k) 条、《马里兰州规则》第 10-103(f) 条)

**NOTE:** Use this form to ask the court to address your concern about the guardianship of a minor or disabled person. For example, use this form if you think the guardian is not fulfilling their responsibilities, is mismanaging funds, or not taking proper care of the person's medical or personal needs. Provide details. File this form in the court with jurisdiction over the guardianship. Attach additional sheets if needed.

**注:** 请使用此表请求法院解决您对未成年人或残疾人士监护人身份的顾虑。例如,如果您认为监护人没有履行职责、资金管理不善,或没有妥善照顾被监护人的医疗或个人需求,请使用此表。请提供详细信息。请将此表提交给对监护人身份享有司法管辖权的法院。如有必要请另附页。

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

Name

Address

whose telephone number is \_\_\_\_\_, and whose e-mail address (if available) is \_\_\_\_\_

Telephone

\_\_\_\_\_, ask the court to review the guardianship of the  person

E-mail

property  person and property of \_\_\_\_\_

Name of minor or disabled person

本人, \_\_\_\_\_, 地址位于 \_\_\_\_\_,

姓名

地址

电话号码为 \_\_\_\_\_, 以及电子邮箱地址(如可用)为 \_\_\_\_\_

电话

\_\_\_\_\_, 请求法院审查以下人员的 人身监护人

电子邮箱

财产监护人 人身及财产监护人的身份: \_\_\_\_\_

未成年人或残疾人士姓名

My relationship to the minor or disabled person is: \_\_\_\_\_

Relationship

本人与该未成年人或残疾人士的关系是: \_\_\_\_\_

关系

Case No. \_\_\_\_\_

案件编号 \_\_\_\_\_

I have concerns about the *(select all that apply)*:

本人对以下监护人有顾虑 *(选择所有适用项)*:

guardian of the person, \_\_\_\_\_  
Name of guardian of the person

人身监护人, \_\_\_\_\_  
人身监护人姓名

guardian of the property, \_\_\_\_\_  
Name of guardian of the property

财产监护人, \_\_\_\_\_  
财产监护人姓名

Specifically, *(Describe the problem or your concerns. Be specific. If known, include dates, times, locations, and witnesses.)*:

具体而言, *(请描述问题或您的顾虑。请具体说明。如果已知, 请包括日期、时间、地点和证人。)*:

**Attach documents supporting your concerns *(court orders, receipts, e-mails, etc.)*, if available.**

**如果有, 请附上文件证实您的顾虑 *(法院命令、收据、电子邮件等)*。**

I have or someone else has *(select all that apply)*:

本人或其他人已经 *(选择所有适用项)*:

reported the concerns to another authority *(child or adult protective services, law enforcement, State's Attorney office, Long Term Care Ombudsman, Social Security Administration, Department of Veterans Affairs, licensing board, etc.)*:

向其他机关报告顾虑 *(儿童或成人保护服务、执法机关、州检察长办公室、长期护理监察员、社会保障管理局、退伍军人事务部、许可委员会等)*:

\_\_\_\_\_  
Name of authority  
机关名称

\_\_\_\_\_  
Date of notice/report  
通知/报告日期

Results *(describe what happened with the report)*:

结果 *(请描述报告后的进展)*:

**Attach a copy of the report, protective order, and other supporting documents, if available.**

**如果有, 请附上报告、保护令和其他证明文件的副本。**

discussed the concerns with the guardian, who responded as follows:

与监护人讨论了这些顾虑, 其答复如下:

- discussed the concerns with the minor or disabled person, who responded as follows:  
与未成年人或残疾人士讨论了这些顾虑, 其答复如下:

**FOR THESE REASONS**, I ask the court to (*select all that apply*):  
**出于以上原因**, 本人请求法院 (*选择所有适用项*):

- hold a hearing.  
举行听证会。

- appoint an independent investigator to look into the following issue(s):  
任命一名独立调查员调查以下问题:

- other (*describe*):  
其他 (*请说明*):

- order any other appropriate relief.  
 下令任何其他合适的救济。

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

\_\_\_\_\_  
Printed Name  
楷签

Case No. \_\_\_\_\_

案件编号 \_\_\_\_\_

**CERTIFICATE OF SERVICE**

**送达证明**

I certify that I served a copy of this Motion to Review Guardianship and any attachments by mail, postage prepaid, on \_\_\_\_\_ to the following interested persons:

Date

本人证明, 本人已于 \_\_\_\_\_ 通过预付邮资的邮件将此《监护人身份审查动议》副本送达以下利益相关方:  
日期

Name  
姓名

Address  
地址

City, State, Zip  
城市、州、邮政编码

Name  
姓名

Address  
地址

City, State, Zip  
城市、州、邮政编码

Name  
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Address  
地址

Case No. \_\_\_\_\_

案件编号 \_\_\_\_\_

City, State, Zip

城市、州、邮政编码

Name

姓名

Address

地址

City, State, Zip

城市、州、邮政编码

Date

日期

Signature of Party Serving

送达方签名