



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND
City/County

Located at _____ Case No. _____
Court Address

Telephone _____

In the Matter of

Name of Minor

Docket Reference

PETITION TO REVOKE STANDBY GUARDIANSHIP

(Md. Code, Estates & Trusts Art., §§13-903(f) & 13-904(h), Md Rule 10-408(a))

NOTE: Use this form to revoke (cancel) standby guardianship of your child(ren) after judicial appointment of a standby guardian. File this petition with the court that appointed the guardian. The court may hold a hearing.

I, _____, whose address is _____, _____,
Name Address
whose telephone number is _____, and whose email address (if any) is _____
Telephone number

_____, revoke standby guardianship of the ☐ person
E-mail

☐ property ☐ person and property of the minor child(ren), _____
Name(s) of minor children

I state that:

1. On _____ this court appointed (check all that apply):
Date

☐ _____ as standby guardian of the person of my minor
Name of standby guardian child(ren).

☐ _____ as standby guardian of the property of my minor
Name of standby guardian child(ren).

☐ _____ as standby guardian of the person and property of
Name of standby guardian my minor child(ren).

2. I revoke the standby guardianship for the following reasons:

FOR THESE REASONS, I ask the court to:

☐ Release _____ of the duties of guardian of the person.
Name of standby guardian

☐ Release _____ of the duties of guardian of the property.
Name of standby guardian

☐ Release _____ of the duties of guardian of the person and property.
Name of standby guardian

☐ Issue an order requiring the standby guardian(s) and interested persons to show cause why my request should not be granted.

☒ Grant any other further relief as may be required.

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

Address

City, State, Zip

E-mail

Signature

Printed Name

Telephone Number

Fax