



CIRCUIT COURT FOR _____, MARYLAND
巡回法院 _____, 马里兰州

City/County
市/郡

Located at _____ Case No. _____
 地址 _____ 案件编号 _____

Court Address
法院地址

Telephone _____
电话号码 _____

In the Matter of
关于

Name of Disabled Person
未成年人或残疾人姓名

Docket Reference
案卷参考

PETITION TO TRANSFER GUARDIANSHIP TO MARYLAND

监护权移交马里兰州申请

(Md. Code, Estates & Trusts Art., § 13.5-302)

(《马里兰州法典》遗产及信托条款第 13.5-302 条)

NOTE: Use this form to ask a Maryland court to accept the transfer of a guardianship from another state to Maryland. The guardianship will not be transferred until the Maryland court issues an order accepting the transfer. The court may hold a hearing. Contact a lawyer if you are asking to transfer a guardianship from Florida, Kansas, Michigan, or Texas.
注: 可使用此表请求马里兰州法院接受其他州向马里兰州移交监护权。在马里兰州法院下令接受移交之前, 监护权不会移交。该法院会举行听证会。如果监护权由佛罗里达州、堪萨斯州、密歇根州或德克萨斯州移交, 请联系律师。

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

_____, ask the court to transfer the guardianship of the
 person property person and property of, _____, whose
 Name of disabled person
 birthdate is _____, whose gender is _____, from the.
 Date of Birth Gender
 state of _____ to Maryland.
 State

本人, _____, 地址位于 _____,
 姓名 地址
 手机号码为 _____, 以及电子邮箱地址(如有)为 _____
 电话号码 电子邮箱

_____, 请求以下人员的
 人身监护权 财产监护权 人身及财产监护权: _____,
 残疾人士姓名
 出生日期为 _____, 性别为 _____,
 出生日期 性别
 由 _____ 州法院移交马里兰州。
 州

I state that:

本人声明:

1. I was appointed guardian of the person property person and property by:

本人已由以下法院任命为 人身 财产 人身及财产监护人:

Name of court: _____ City, State: _____

法院名称: _____ 市、州: _____

Date of appointment: _____

任命日期: _____

Case number: _____

案件编号: _____

2. I am requesting transfer because:

本人请求移交的理由如下:

3. Attached is a copy of the provisional order to transfer guardianship by

附件是以下法院下达的临时监护权移交命令副本:

_____。

Name of court

法院名称

FOR THESE REASONS, I ask the court to:

基于这些理由, 本人请求:

1. Transfer the guardianship of the person property person and property of

_____ from the state of _____ to Maryland.

Name of disabled person

State

以下人员的 人身 财产 人身及财产监护权:

_____ 由 _____ 州法院移交马里兰州。

残疾人士姓名

州

2. Grant any other and further relief as may be required.

按照要求批准任何其它和进一步救济。

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

Address

地址

Printed Name

楷签

City, State, Zip

城市、州、邮政编码

Telephone Number

电话号码

E-mail

电子邮箱

Fax

传真