



**CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND**

City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_

Court Address

In the Matter of \_\_\_\_\_ Case No. \_\_\_\_\_

Name of Alleged Disabled Person

Docket Reference

**PETITION FOR GUARDIANSHIP OF ALLEGED DISABLED PERSON  
(Md. Rule 10-112)**

**INSTRUCTIONS**

1. Use this form of petition when a guardianship of an alleged disabled person, as defined in Code, Estates & Trusts Article, § 13-101(f) and Rule 10-103(b) is sought.
2. If the subject of the petition is a minor including a disabled minor, use the form petition set forth in Rule 10-111.
3. If guardianship of more than one alleged disabled person is sought, a separate petition must be filed for each alleged disabled person.
4. If the petition is to be filed in the Circuit Court for Baltimore City, use "Baltimore City" as the name of the county.

- Guardianship of Person       Guardianship of Property       Guardianship of Person and Property

The petitioner, \_\_\_\_\_, \_\_\_\_\_, whose  
Name Age  
address is \_\_\_\_\_,

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

\_\_\_\_\_ , represents to the court that:

1. The alleged disabled person \_\_\_\_\_,  
Age \_\_\_\_\_, born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, whose gender is \_\_\_\_\_,  
Month Year  
resides at \_\_\_\_\_.

2. If the alleged disabled person does not reside in the county in which this petition is filed, state the place in this county where the alleged disabled person is currently located \_\_\_\_\_.

**NOTE:** For purposes of this form, "county" includes Baltimore City.

3. The relationship of petitioner to the alleged disabled person is \_\_\_\_\_.

4. The alleged disabled person

is a beneficiary of the Department of Veterans Affairs and the guardian may expect to receive benefits from that Department.

is not a beneficiary of the Department of Veterans Affairs.

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5. Complete Section 5 if the petitioner is asking the court to appoint the petitioner as the guardian.  
(Check only one of the following boxes)

I have not been convicted of a crime listed in Code, Estates and Trusts Article, § 11-114.

I was convicted of such a crime, namely \_\_\_\_\_

\_\_\_\_\_. The conviction occurred in \_\_\_\_\_

\_\_\_\_\_, in the \_\_\_\_\_, \_\_\_\_\_

Year

Name of court

but the following good cause exists for me to be appointed as guardian: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Complete Section 6 if the petitioner is asking the court to appoint an individual other than the petitioner as the guardian.

6 a. Prospective Guardian of the Person (Complete section 6 a if seeking guardianship of the person.)

The name of the prospective guardian of the person is \_\_\_\_\_

and that individual's age is \_\_\_\_\_. The relationship of that individual to the alleged disabled person is \_\_\_\_\_

(Check only one of the following boxes)

\_\_\_\_\_ has not been convicted of a crime listed in  
Name of prospective guardian  
Code, Estates and Trusts Article, § 11-114.

\_\_\_\_\_ was convicted of such a crime, namely  
Name of prospective guardian

\_\_\_\_\_. The conviction occurred in \_\_\_\_\_, in the \_\_\_\_\_, \_\_\_\_\_

Year

Name of court

but the following good cause exists for the individual to be appointed as guardian: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6 b. Prospective Guardian of the Property (Complete section 6 b if the prospective guardian of the property is different from the prospective guardian of the person or if guardianship of the person is not sought.)

The name of the prospective guardian of the property is \_\_\_\_\_

and that individual's age is \_\_\_\_\_. The relationship of that individual to the alleged disabled person is \_\_\_\_\_

\_\_\_\_\_

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(Check only one of the following boxes)

\_\_\_\_\_ has not been convicted of a crime listed in  
Name of prospective guardian  
Estates and Trusts Article, § 11-114.

\_\_\_\_\_ was convicted of such a crime, namely  
Name of prospective guardian

The conviction occurred in \_\_\_\_\_, in the \_\_\_\_\_  
Year Name of court  
but the following good cause exists for the individual to be appointed as guardian:

7. If the alleged disabled person resides with the petitioner, then state the name and address of any additional person on whom initial service shall be made: \_\_\_\_\_

8. The following is a list of the names, addresses, telephone numbers, and e-mail addresses, if known, of all interested persons (see Code, Estates and Trusts Article, § 13-101(k)).

Person or health care agent designated in writing by alleged disabled person:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Spouse or Registered Domestic Partner:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Parents:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Adult children:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Adult grandchildren\*:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Siblings\*:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |
|      |         |                  |                           |
|      |         |                  |                           |

\*Note: Adult grandchildren and siblings need not be listed unless there is no spouse or registered domestic partner and there are no parents or adult children.

Any other heirs at law:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Any person holding a power of attorney of the alleged disabled person:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Alleged disabled person's attorney:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

A supporter pursuant to a supported decision-making agreement:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Any other person who has assumed responsibility for the alleged disabled person:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Any government agency paying benefits to or for the alleged disabled person:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

Any person having an interest in the property of the alleged disabled person:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|      |         |                  |                           |

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All other persons exercising control over the alleged disabled person or the person's property:

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|------|---------|------------------|---------------------------|

A person or agency eligible to serve as guardian of the person of the alleged disabled person (Choose A or B below):

A. Director of the local area agency on aging (if alleged disabled person is age 65 or over):

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|------|---------|------------------|---------------------------|

B. Local department of social services (if alleged disabled person is under age 65):

| Name | Address | Telephone Number | E-mail Address (if known) |
|------|---------|------------------|---------------------------|
|------|---------|------------------|---------------------------|

9. The names and addresses of the persons with whom the alleged disabled person resides or has resided over the past five years and the approximate dates of the alleged disabled person's residence with each person are as follows:

| <u>Name</u> | <u>Address</u> | <u>Approximate Dates</u> |
|-------------|----------------|--------------------------|
|             |                |                          |
|             |                |                          |
|             |                |                          |
|             |                |                          |
|             |                |                          |

10. A brief description of the alleged disability and how it affects the alleged disabled person's ability to function is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. (a) Guardianship of the Person is sought because

\_\_\_\_\_ cannot make or communicate responsible decisions concerning health care, food, clothing, or shelter, because of mental disability, disease, habitual drunkenness, addiction to drugs, or other addictions. State the relevant facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Describe less restrictive alternatives that have been attempted and have failed (see Code, Estates and Trusts Article, § 13-705(b)):

\_\_\_\_\_  
\_\_\_\_\_

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12. (a) Guardianship of the Property is sought because \_\_\_\_\_  
Name of alleged disabled person  
cannot manage property and affairs effectively because of physical or mental disability, disease, habitual  
drunkenness, addiction to drugs or other addictions, imprisonment, compulsory hospitalization, detention by  
a foreign power, or disappearance. State the relevant facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Describe less restrictive alternatives that have been attempted and have failed (see Code, Estates  
and Trusts Article, § 13-201):

\_\_\_\_\_  
\_\_\_\_\_

13. If this petition is for Guardianship of the Property, the following is the list of all the property in which  
the alleged disabled person has any interest, including an absolute interest, a joint interest, or an interest less  
than absolute (e.g. trust, life estate):

| <u>Property</u> | <u>Location</u> | <u>Value</u> | <u>Sole Owner; Joint Owner,<br/>(specify type),<br/>Life Tenant, Trustee,<br/>Custodian, Agent, etc.</u> |
|-----------------|-----------------|--------------|--|
| _____           | _____           | _____        | _____  |
| _____           | _____           | _____        | _____  |
| _____           | _____           | _____        | _____  |
| _____           | _____           | _____        | _____  |

14. The petitioner's interest in the property of the alleged disabled person listed in 13 is

\_\_\_\_\_

15. If a guardian or conservator has been appointed for the alleged disabled person in another proceeding,  
the name and address of the guardian or conservator and the court that appointed the guardian or conservator  
are as follows:

|       |         |
|-------|---------|
| _____ | _____   |
| Name  | Address |
| _____ | _____   |
| Court |         |

16. All other proceedings regarding the alleged disabled person (including criminal) are as follows:

\_\_\_\_\_  
\_\_\_\_\_

17. All exhibits required by the instructions below are attached.

WHEREFORE, petitioner requests that this court issue an order to direct all interested persons to show cause why a guardian of the  person  property  person and property of the alleged disabled person should not be appointed, and (if applicable)

\_\_\_\_\_ should not be appointed as the guardian.  
Name of prospective guardian

\_\_\_\_\_ Attorney's Signature Attorney Number  
Date

\_\_\_\_\_ Attorney's Name  
Telephone Number

\_\_\_\_\_ Attorney's Address  
Fax

\_\_\_\_\_ City, State, Zip  
E-mail

If there is no attorney:

\_\_\_\_\_ Petitioner's Address

\_\_\_\_\_ Telephone Number  
City, State, Zip

\_\_\_\_\_ Fax  
E-mail

Petitioner solemnly affirms under the penalties of perjury that the contents of this document are true to the best of petitioner's knowledge, information, and belief.

\_\_\_\_\_ Petitioner's Name  
Date

\_\_\_\_\_ Petitioner's Signature  
Petitioner's E-mail

**ADDITIONAL INSTRUCTIONS**

1. The required exhibits are as follows:

- (a) A copy of any instrument nominating a guardian;
- (b) A copy of any power of attorney (including a durable power of attorney for health care) which the alleged disabled person has given to someone;
- (c) A copy of any written supported decision-making agreement (see Code, Estates and Trusts Article, § 18-107);
- (d) Signed and verified certificates of competency from the following health care professionals licensed to practice medicine in the United States who have examined or evaluated the disabled person:
  - 1) Two licensed physicians; or
  - 2) One licensed physician, and one licensed psychologist, licensed certified social worker-clinical, or nurse practitioner. An examination or evaluation by at least one of the health care professionals must have occurred within 21 days before the filing of the petition (see Code, Estates and Trusts Article, §13-103 and §1-102 (a) and (b)).

2. Attach additional sheets to answer all the information requested in this petition, if necessary.