



City or County

In the Matter of

\_\_\_\_\_  
Name of person for whom guardianship is sought

Petitioner:

\_\_\_\_\_  
Street Address Apt # PO Box  
( )  
\_\_\_\_\_  
City State Zip Code Area Telephone  
Code

**PETITION FOR THE APPOINTMENT OF A GUARDIAN OF THE  
 PERSON  PROPERTY OR  PERSON AND PROPERTY**

Now comes the Petitioner, \_\_\_\_\_  
Your name, address, zip code

\_\_\_\_\_, and requests

this Court, to appoint \_\_\_\_\_  
Name of person you want to be the guardian

guardian of the  person,  property, or  person and property, of \_\_\_\_\_

\_\_\_\_\_, a person alleged to be under a disability,  
Name of person you are requesting a guardian for

stating for cause as follows:

1. The person alleged to be under a disability is \_\_\_\_\_,  
Name of person you are requesting a guardian for  
an adult  male  female, who was born on \_\_\_\_\_,  
Date of birth  
who is currently \_\_\_\_\_,  
Age  
years of age, and whose address is \_\_\_\_\_.  
Address of the person you are requesting the guardian for

2. The name and address of the person(s) the disabled person is now living with:

a. \_\_\_\_\_  
Name of person disabled person is living with

\_\_\_\_\_  
Address of person disabled person is living with

b. \_\_\_\_\_  
Name of person disabled person is living with

\_\_\_\_\_  
Address of person disabled person is living with

c. \_\_\_\_\_  
Name of person disabled person is living with

\_\_\_\_\_  
Address of person disabled person is living with

If the disabled person is now residing with the person who is seeking guardianship, provide the name and address of another person, *who does not live with the disabled person*, on whom service can be made. **(THIS IS MANDATORY):**

\_\_\_\_\_  
Name of person not living with the minor who will accept service

\_\_\_\_\_  
Address of person not living with the minor who will accept service

3. If the disabled person has an attorney, please indicate the attorney's name and address:

\_\_\_\_\_  
Name of disabled person's attorney  
\_\_\_\_\_  
Address of disabled person's attorney

4. The Petitioner is \_\_\_\_\_, born on \_\_\_\_\_,  
and is currently \_\_\_\_\_ years of age, residing at \_\_\_\_\_.  
My phone number is \_\_\_\_\_,  
and I am the alleged disabled person's \_\_\_\_\_.

5. The following are interested persons, as defined in Estates and Trust Article, § 13-101 (j), as known to the Petitioner:

(a) \_\_\_\_\_, the alleged disabled person.

(b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

(c) \_\_\_\_\_  
Nature of interest to the person that you are requesting a guardian for

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

(d) \_\_\_\_\_  
Nature of interest to the person that you are requesting a guardian for

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

(e) \_\_\_\_\_  
Nature of interest to the person that you are requesting a guardian for

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Nature of interest to the person that you are requesting a guardian for

6. \_\_\_\_\_, is disabled because \_\_\_\_\_.

\_\_\_\_\_  
Description of how the person is disabled and how the disability effects their ability to make decisions

7. Petitioner is seeking the appointment of a guardian of the:

person because, as a result of \_\_\_\_\_, disabilities, \_\_\_\_\_  
List disability  
Name of person you are requesting a guardian for

lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, as demonstrated by the following: {Please give the Court a list of reasons why the Court should appoint a guardian of the person and specific facts or events that show the Court that this person does not have the ability to make decisions for themselves.}

property because, as a result of \_\_\_\_\_, disabilities, \_\_\_\_\_  
List disability  
Name of person you are requesting a guardian for

is unable to manage his/her money and property effectively, as demonstrated by the following: {Please provide the Court with a list of reasons why the Court should appoint a guardian of the property and specific facts or events that show the Court that this person cannot manage their money or property properly.}

8. A copy of the following instruments nominating a previous guardian or constituting a durable power of attorney over the disabled person according to § 13-207 of the Estate and Trusts Article is attached to the petition: (If you have any paperwork saying that you should be the guardian, check all that apply.)

- (Check all applicable)
- Previous Order for Guardianship
  - Durable Power of Attorney
  - Other (explain): \_\_\_\_\_
  - \_\_\_\_\_
  - No such instruments exist

9. The following individual(s) has/have previously been appointed as a guardian/conservator for the disabled person: (If you or anyone else has ever been appointed as guardian, check all that apply.)

- No such person exists / not applicable;
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Capacity: \_\_\_\_\_
- Court Filed: \_\_\_\_\_
- Location: \_\_\_\_\_
- Case Number: \_\_\_\_\_

10. Petitioner has attempted to alleviate these conditions through the following less restrictive alternatives, which have failed: {List for the Court the ways that you have attempted to help this person and if those attempts worked or failed.}

11. Petitioner alleges, to the best of my knowledge, that the only property in which \_\_\_\_\_ <sup>Name of the person you are requesting a guardian for</sup> has an interest in is the following: {Provide the Court with a description of the property owned by this person, including houses, vehicles, bank accounts, retirement, providing the amount of the value of each piece of property, and its location.} (You can attach an additional sheet of paper for additional space.)

- a. \_\_\_\_\_
- b. \_\_\_\_\_

- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

12. Petitioner is filing two certificates signed by two physicians, licensed to practice medicine in the United States who have examined the alleged disabled person within twenty-one (21) days before the filing of this Petition. The Certificates, which comply with the requirements of the Maryland Rules, indicate that the cause of the disability is

Provide the cause for the disability

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13. Petitioner believes that alleviation of the conditions described above would be in the best interests of the alleged disabled person. Petitioner also alleges that the alleged disabled person is unable to consent to services or to make responsible decisions regarding his/her person or property.

14. Petitioner reasonably believes that no less restrictive form of intervention is available that is consistent with the alleged disabled person's welfare and safety than appointment of a guardian of his/her person,  property,  person and property.

15. No other guardian or committee has been appointed as guardian of the  person,  property, or  person and property, of the alleged disabled person. Petitioner knows of no previous application made by any party to this action.

16. Petitioner believes and avers that it would be in the best interest of the alleged disabled person to appoint a guardian of his/her person, property, or both.

FOR THESE REASONS, I request the Court (check all that apply):

A.  That \_\_\_\_\_ be appointed  
Name of the person you want to be the guardian  
 guardian of person of the alleged disabled person, for the purpose of making necessary decisions and providing for the ordinary care, food, shelter, clothing and medical treatment of the alleged disabled person and any other duties allowable by law.

B.  That \_\_\_\_\_ be appointed  
Name of the person you want to be the guardian  
 guardian of the property of the alleged disabled person, for the purpose of making decisions affecting their property and money and any other decisions allowable by law.

C.  That \_\_\_\_\_ <sup>Name of the person you want to be the guardian</sup> be appointed guardian of the person and property for the alleged disabled person for the purpose of making necessary decisions and providing for the ordinary care, food, shelter, clothing and medical treatment and for the purpose of making decisions affecting the alleged disabled person's property and money and any other duties allowable by law.

D. That a show cause order be issued to be served upon the disabled person and upon all interested persons.

E. That a hearing be scheduled as soon as possible.

F. And for such other and further relief as may be proper in this case.

I DO SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS PETITION FOR GUARDIANSHIP ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

I, \_\_\_\_\_ <sup>Your Name</sup> 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

\_\_\_\_\_  
Signature