The forms are in bilingual format for your convenience, but must be completed and filed with the court in English. 为了提供便利,表格用双语格式提供;但是,向法院提交的表 格必须用英语填写。

	□ CIRCUIT 巡回法院	ORPHANS' COURT FOR		, MARYLAND
CALL			City/County	
CIARY		孤儿法庭	城市/县	
	Located at		_ Case No	
		Court Address		
	地址	法院地址	案件编号	
ı the	Matter of			
<b></b>				
	Name of Minor o 未成年人或死	r Disabled Person 线疾人姓名		
	DESIGN	ATION OF A GUARDIAN MINOR OR DISABLI (Md. Rule 10-3 未成年人或残疾人指疑	ED PERSON 01(e))	BY A
		(马里兰州规则 10-		
I,			, a minor child or disa	abled person
ha	ving attained my 1	6 <sup>th</sup> birthday, declare:		1
本	人		作为已满 16 <sup>岁</sup> 的	力未成年儿童或
	疾人,声明:			
1.	I am aware of the	Petition of	to become the guard	lian of my property.
		Petitioner's Nan		
	本人知悉		成为本人财产监护人	的申请。
		申请人姓名		
2.	I hereby designate	e	as the gu	ardian of my prope
	本人特此指定 _		担任本人财	产监护人。
3.	I understand that of the guardiansh	I have the right to revoke this	s designation at any time t	p to the granting
	•	权得到批准之前,本人有权	叹随时撤回这一指定。	
	olemnly affirm und sed upon my perso	der the penalties of perjury th	nat the contents of this doc	ument are true
		司的前提下郑重确认据本人	个人所知,此文件内容	真实。
	_	of Minor or Disabled Person 或残疾人签名	l	Date 日期
	$\Lambda$ $\Pi$ V ${\leftarrow}$ $\Lambda$	リメングス 八 金色イコ		1 1 共月