



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND
巡回法院 孤儿法院 _____, 马里兰州

City/County
市/县

Located at _____ Telephone _____
地址 _____ 电话 _____

Court Address
法院地址

Case No. _____
案件编号 _____

In the Matter of
关于

Name of Minor
未成年人姓名

Docket Reference
案卷参考

ANNUAL REPORT OF GUARDIAN OF A MINOR

未成年人监护人年度报告

(Md. Rule 10-206(e))

(《马里兰州规则》第 10-206(e) 条)

NOTE: Guardians of the person of minors must complete and file this form each year within 60 days of the anniversary of their appointment, or as the court otherwise directs. Attach additional sheets if needed. If a section of this form does not apply, write "Not applicable" or "N/A."

注意: 未成年人的人身监护人必须每年在获得任命的周年纪念日 后 60 天内或依照法院的其他指示, 填写并提交此表。如有必要请另附页。如果此表的某一部分不适用, 请写明“不适用”或“N/A”。

Minor's Date of Birth: _____

未成年人 出生日期: _____

Gender: _____

性别: _____

REPORTING PERIOD

报告期

I/We, _____ and (if applicable) _____,
Name of Guardian Name of Guardian 2
make this annual report for the period of _____ to _____.
Date Date

我/我们, _____ 和(如适用) _____,
监护人姓名 监护人 2 姓名
就 _____ 到 _____ 期间提交此年度报告。
日期 日期

Part I. Information about the minor

第 I 部分。未成年人相关信息

A. RESIDENCE AND HOUSING

居住地和住房

Minor's address (where the minor lives or is physically present):

未成年人地址(未成年人居住或实际身处的地方):

Street Address
街道地址

City, state, zip
市、州、邮政编码

Select all that apply:
请选择所有适用项:

☐ This is the minor's permanent residence.

此为该未成年人的永久居住地。

☐ This is not the minor's permanent residence. The minor's permanent residence is: _____

Street Address

City, state, zip

此并非该未成年人的永久居住地。该未成年人的永久居住地位于: _____

街道地址

市、州、邮政编码

☐ This is a new address (check if the minor's address changed since the last annual report or since your appointment as guardian if this is your first report).

此为新地址(请核实自上一次年度报告以来, 或如果这是您的第一次报告, 则自您被任命为监护人以来, 该未成年人的地址是否发生了变动)。

Explain why the address changed:

请说明地址变动的原因:

Type of housing (select one):

住房类型(请选择一项):

☐ Own home

自己的住房

☐ Guardian 1's home

监护人 1 的住房

☐ Guardian 2's home

监护人 2 的住房

☐ Foster or boarding home

寄养或寄宿家庭

☐ Group home

集体住房

☐ Relative's home: _____

Name of relative

Relationship to minor

亲戚的住房: _____

亲戚姓名

与未成年人的关系

☐ Boarding School: _____

Name of school

寄宿学校: _____

学校名称

☐ Hospital or medical facility: _____

Name of hospital or facility

医院或医疗设施: _____

医院或医疗设施名称

☐ Residential facility: _____

Name of facility

全托式设施: _____

设施名称

☐ Other (describe): _____

其他(请说明): _____

Do you plan to change the place where the minor lives? ☐ Yes ☐ No

您是否打算让该未成年人搬迁? 是 否

If yes, explain why:

如果是, 请说明理由:

B. MEDICAL AND PERSONAL CARE

医疗和个人护理

Conditions. List significant health or mental health issues the minor has (asthma, diabetes, anxiety, etc.):

健康状况。请列出该未成年人的重大健康或心理健康问题(哮喘、糖尿病、焦虑等):

| <u>Issue(s)</u> 问题 | <u>Treatment/treatment plan</u> 治疗/治疗计划 |
|-----------------------|--|
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Hospitalizations. Was the minor hospitalized during the reporting period? ☐ Yes ☐ No If yes, explain:

住院治疗。在报告期内, 该未成年人是否曾接受住院治疗? 是 否 如果是, 请说明原因:

| <u>Date</u> 日期 | <u>Hospital</u> 医院 | <u>Reason</u> 原因 |
|-------------------|-----------------------|---------------------|
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Providers. Which medical professional(s) did the minor see during the reporting period?

提供者。在报告期内, 该未成年人接受过哪些医疗专业人员的问诊?

| | <u>Name</u> 姓名 | <u>City, state</u> 市、州 | <u>Date(s) seen</u> 问诊日期 |
|--|-------------------|---------------------------|-----------------------------|
| <input type="checkbox"/> Primary care/pediatrician 初级护理/儿科医生 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Dentist 牙医 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Eye doctor 眼科医生 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Ear doctor 耳科医生 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Psychiatrist 精神科医生 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Psychologist 心理学家 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Therapist (mental health) 治疗师(心理健康) | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Physical or occupational therapist 物理或职业治疗师 | <hr/> | <hr/> | <hr/> |
| <input type="checkbox"/> Speech therapist 言语治疗师 | <hr/> | <hr/> | <hr/> |

☐ Other (describe):

其他(请说明):

Medications. List medications the minor takes on a regular basis:

药物。请列出该未成年人定期服用的药物:

| <u>Name</u> 姓名 | <u>Purpose</u> 目的 | <u>Dosage/Schedule</u> 剂量/时间表 |
|-------------------|----------------------|----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Personal care. Are there problems providing meals, clothing, housing, or transportation for the minor?

☐ Yes ☐ No

个人护理。在为该未成年人提供衣食住行时, 是否遇到了问题? 是 否

If yes, explain:

如果是, 请详细说明:

C. SCHOOL AND JOB TRAINING

上学和就业培训

School. Does the minor attend school? ☐ Yes ☐ No

上学。该未成年人是否在上学? 是 否

If yes:

Name of school

City, state, zip

如果是:

学校名称

市、州、邮政编码

Is there a care plan or an Individualized Education Program (IEP)? ☐ Yes ☐ No

是否制定了护理计划或个别化教育计划 (IEP)? 是 否

If yes, did you participate in developing the care plan or IEP? ☐ Yes ☐ No

如果是, 您是否参与了制定该护理计划或 IEP? 是 否

Do you believe the care plan or IEP is good or appropriate for the minor (in the minor's best interest)? ☐ Yes ☐ No (explain):

您是否认为该护理计划或 IEP 对该未成年人来说是不错或合适的(符合该未成年人的最佳利益)? 是 否(请说明理由):

Job training. Is the minor in a job training program? ☐ Yes ☐ No

就业培训。该未成年人是否采纳娱乐就业培训计划? 是 否

If yes: _____
Name of program City, state, zip

如果是: _____
计划名称 市、州、邮政编码

Describe: _____
请说明: _____

D. EMPLOYMENT

就业

Does the minor have a job? ☐ Yes ☐ No

该未成年人是否有工作? 是 否

If yes: _____
Name of employer City, state, zip Hours worked per week

如果是: _____
雇主名称 市、州、邮政编码 每周工作时长

Type of job: _____
工作类型: _____

E. SOCIAL AND RECREATIONAL ACTIVITIES

社交和娱乐活动

Describe the minor's social or recreational activities during the reporting period (sports, hobbies, clubs, etc.):

请描述该未成年人在报告期内参与过的社交或娱乐活动(体育、爱好、俱乐部等):

F. CONTACTS

接触

Contact with you. If the minor **does not** live with you, how often did you visit the minor during the reporting period?

与您接触。如果该未成年人不与您同住, 您在报告期内多久探望一次该未成年人?

Describe your other types of contact with the minor:

请描述您与该未成年人的其他接触:

Type
类型

Frequency
频率

☐ Telephone
电话号码

☐ Mail or e-mail
邮寄地址或电子邮箱

☐ Other (describe):
其他(请说明):

Contact with others. Describe the minor's contact with family members during the reporting period:
与其他人接触。 请描述该未成年人在报告期内与家庭成员的接触:

G. COMMUNITY SUPPORT

社区支持

List community organizations currently involved with the minor (case or care management, community services, government programs, religious programs, charitable organizations, etc.).

请列出目前与该未成年人有关联的社区组织(个案或护理管理、社区服务、政府计划、宗教计划、慈善组织等)。

| <u>Organization</u> 组织 | <u>Services received</u> 接受的服务 | <u>City, state</u> 市、州 |
|---------------------------|-----------------------------------|---------------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

Part II. Information about the guardianship

第 II 部分。监护权相关信息

A. FUNDS

资金

Did the guardian of the property, if any, provide funds toward the minor's support, care, or education?

☐ Yes ☐ No ☐ Not applicable

财产监护人(如有)是否为该未成年人的支持、护理或教育提供了资金? 是 否 不适用

If yes, describe (Select all that apply):

如果是, 请说明(请选择所有适用项):

☐ clothing ☐ food ☐ housing ☐ health care (co-pays, insurance, etc.)

衣物 食物 住房 医疗(共付额、保险等)

☐ transportation ☐ education ☐ extracurricular/recreational activities ☐ job training

交通 教育 课外/娱乐活动 就业培训

☐ other (describe):

其他(请说明):

B. HEALTH OF GUARDIAN(S)

监护人的健康状况

Guardian 1 (select one):

监护人 1 (请选择一项):

☐ I have no serious health problems that affect my ability to serve as guardian.

我没有严重的健康问题影响我担任监护人的能力。

☐ I have the following serious health problems that may affect my ability to serve as guardian:

我有以下严重的健康问题影响我担任监护人的能力。

Guardian 2 (if any) (select one):

监护人 2(如有) (请选择一项):

☐ I have no serious health problems that affect my ability to serve as guardian.

我没有严重的健康问题影响我担任监护人的能力。

☐ I have the following serious health problems that may affect my ability to serve as guardian:

我有以下严重的健康问题影响我担任监护人的能力。

C. CONTINUATION OF GUARDIANSHIP

监护权延续

This guardianship (select one):

此监护权(请选择一项):

☐ should be continued.

应当延续。

☐ should not be continued for the following reason(s):

不应延续, 理由如下:

D. POWERS OF GUARDIAN(S)

监护人的权限

My/Our powers as guardian(s) should (select one):

我/我们享有的监护人权限应当(请选择一项):

☐ stay the same.

保持不变。

☐ change in the following ways for the following reasons:

作出以下变动, 理由如下:

E. OTHER

其他

The court should be aware of the following matters relating to this guardianship:
法院应当了解以下与此监护权相关的事项:

I/we solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my/our knowledge, information, and belief.

我/我们郑重地确认, 据我/我们所知所信, 本文件中的内容真实无误, 如有不实之处甘愿受作伪证之处罚。

| | |
|----------------|-------------------------------------|
| <hr/> | <hr/> |
| Date 日期 | Signature of Guardian 1 监护人 1 签名 |
| | <hr/> |
| | Printed Name 楷签 |
| | <hr/> |
| | Street Address 街道地址 |
| | <hr/> |
| | City, State, Zip 市、州、邮政编码 |
| | <hr/> |
| | Telephone Number 电话号码 |
| | <hr/> |
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| E-mail 电子邮箱 | Fax 传真 |

☐ This is a new address since the last report
(or since appointment if this is your first report).
此为自上次报告以来的新地址(如果这是您的第一次报告, 则为自任命以来的新地址)。

Date
日期

Signature of Guardian 2 (*if applicable*)
监护人 2 签名 (如适用)

Printed Name
楷签

Street Address
街道地址

City, State, Zip
市、州、邮政编码

Telephone Number
电话号码

E-mail
电子邮箱

Fax
传真

☐ This is a new address since the last report
(or since appointment if this is your first report).
此为自上次报告以来的新地址 (如果这是您的第一次报告, 则为自任命以来的新地址)。