



☐ **CIRCUIT** **ORPHANS' COURT FOR** \_\_\_\_\_, **MARYLAND**

City/County

巡回法院

孤儿法庭

城市/县

马里兰州

Located at \_\_\_\_\_ **Case No.** \_\_\_\_\_

Court Address

地址

法院地址

案件编号

In the Matter of

关于

\_\_\_\_\_  
Name of Minor or Alleged Disabled Person

未成年人或宣称残疾人士姓名

\_\_\_\_\_  
Docket Reference

案卷参考

### CO-PETITIONER INFORMATION SHEET

#### 共同申请人信息表

NOTE: Use this form if you are a co-petitioner for guardianship of a minor or an alleged disabled person.

注：如果您是未成年人或宣称残疾人士监护权之共同申请人，则使用此表格。

The co-petitioner, \_\_\_\_\_, \_\_\_\_\_,  
Name Age

whose address is \_\_\_\_\_, and  
whose email address (if available) \_\_\_\_\_ represents to the court  
that:

共同申请人 \_\_\_\_\_, \_\_\_\_\_,  
姓名 年龄

地址 \_\_\_\_\_,  
电子邮箱地址（如有） \_\_\_\_\_ 向法院声明：

1. My relationship of the co-petitioner to the minor or alleged disabled person is  
我作为共同申请人与未成年人或宣称残疾人士的关系为

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

2. Complete Section 2 if the co-petitioner is asking the court to appoint the co-petitioner as the guardian. (Check only one of the following boxes)

如果共同申请人要求法院任命共同申请人为监护人，则填写第 2 节。（仅勾选下方一个选框）

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

我未被判定犯有《马里兰州法典，财产与信托条款第 11-114 款中所列罪行，或

I was convicted of such a crime, namely:

我于\_\_\_\_\_年被判定犯有此类罪行，即：

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

Year

\_\_\_\_\_, 但  
我有下列正当理由应被任命为监护人：

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

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，据本人个人所知所信，该文件内容真实。如有不实甘受伪证罪之罚。

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature of Co-Petitioner  
共同申请人签名

\_\_\_\_\_  
Printed Name  
大写姓名