



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND
City/County

Located at _____ Telephone _____
Court Address Case No. _____

In the Matter of

Name of Minor or Disabled Person

Docket Reference

**PETITION FOR RESIGNATION OF GUARDIAN OF THE PERSON AND
APPOINTMENT OF SUBSTITUTED OR SUCCESSOR GUARDIAN
(Md. Rule 10-207)**

NOTE: Use this form if you want to resign as guardian of the person of a minor or disabled person. File this form in the circuit or orphans' court that has jurisdiction over the guardianship. Attach any documentation that supports your request to the petition. If you are asking the court to appoint another person as substituted or successor guardian, ask that person to complete the Consent of Substituted or Successor Guardian (CC-GN-030), and attach it to the petition. Your appointment as guardian does not end until the court enters an order accepting your resignation.

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose email address (if available) is _____, asks the court

to accept my resignation as guardian of the person of _____
Name of Minor or Disabled Person

I state that:

1. I was appointed guardian of the person for _____
Name of Minor or Disabled Person

by order of this court on _____
Date of Appointment

2. ☐ I have not exercised control over any property of the minor or disabled person (for example, as guardian of the property).

☐ I exercised the following control over property of the minor or disabled person:

3. I ask to resign as guardian of the person for the following reason(s):

FOR THESE REASONS, I ask the court to:

1. Accept my resignation as guardian of the person of _____
Name of Minor or Disabled Person
2. *(If asking the court to appoint a substituted or successor guardian of the person)*
Appoint _____ as substituted or successor guardian of the
Name of Guardian
person of the minor or disabled person.
3. Issue an order requiring interested persons and any other persons directed by the court to show
cause why my request should not be granted.
4. Grant any other and further relief as may be required.

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.

Date

Street Address

City, State, Zip

E-mail

Signature

Printed Name

Telephone Number

Fax