



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND
巡回法院 孤儿法院 _____, MARYLAND 州
City/County 市/县

Located at _____ Telephone _____
Court Address

地点 _____ 电话 _____
法院地址

Case No. _____
案号 _____

In the Matter of
关于

Name of Minor or Disabled Person
未成年人或残疾人姓名

Docket Reference
案卷编号

CONSENT OF SUBSTITUTED OR SUCCESSOR GUARDIAN

替代或继任监护人同意书

(Md. Rules 10-207, 10-208, 10-711, and 10-712)

(马里兰州规则第 10-207 条、第 10-208 条、第 10-711 条与第 10-712 条)

NOTE: Use this form if you agree to step in as the guardian of a minor or disabled person when an appointed guardian resigns or is removed. **The court must enter an order appointing you as guardian before you can perform any guardianship duties.** If appointed as guardian of the property, you may be required to post a bond.

备注: 倘若您同意在指定监护人辞职或被撤职时, 担任未成年人或残疾人的监护人, 请使用该表格。您履行任何监护之职前, 法院必须下达命令任命您担任监护人。倘若受命担任财产监护人, 您可能需要缴纳保证金。

I, _____, _____, whose address is
Your Name Age
_____, whose telephone number is
Address
_____, and whose email address (if available) is _____,
state to the court that:

本人, _____, _____, 地址
姓名 年龄
_____, 电话号码
地址
_____, 电子邮箱(若有) _____,
向法院声明:

1. My relationship to the minor or alleged disabled person is
本人与未成年人或据称有残疾之人的关系为

2. I agree to serve as ☐ guardian of the person ☐ guardian of the property

☐ guardian of the person and property of _____
Name of Minor or Alleged Disabled Person

本人同意担任 人身监护人 财产监护人

未成年人或据称有残疾之人的姓名 的人身监护人与财产监护人

3. (Check only one of the following boxes)
(只勾选下列一项)

☐ I have not been convicted of a crime listed in Md. Code, Estates and Trusts Article, § 11-114,
本人未曾被判犯有《马里兰州法典》遗产与信托法第 11-114 条所列之罪。

or
或

☐ I was convicted of such a crime, namely:
本人曾被判犯有此类罪行, 即

_____, in _____, but the following good cause exists
for me to be appointed as guardian: _____
_____, 在 _____, 但本人有下列正当理由
受命担任监护人: _____

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.
本人郑重声明, 据本人所知、所晓、所信, 本文件内容属实, 如有不实, 愿按伪证罪论处。

Date 日期
Street Address 街道地址
City, State, Zip 城市、州、邮政编码
E-mail 电子邮箱

Signature 签名
Printed Name 楷签
Telephone Number 电话号码
Fax 传真