



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____

Court Address

Telephone _____

Case No. _____

In the Matter of

Name of Minor or Disabled Person

Docket Reference

MOTION FOR APPROPRIATE RELIEF - GUARDIANSHIP PROCEEDING

NOTE: Use this form if you are the guardian of a minor or disabled person and want the court's permission to take an action not allowed in the order appointing you as guardian or that requires court permission (e.g., to file an annual report or fiduciary's/guardian's account late, to close a guardianship account, to move the minor or disabled person from one type of housing to another, to consent to medical treatment that poses a substantial risk of life, etc.). Attach any documents that support your request. **You may not perform the action until the court issues an order allowing you to.**

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose e-mail address (if available) is _____, was appointed

guardian of the person guardian of the property guardian of the person and property for

_____ by order of this court on _____
Name of Minor or Disabled Person Date of Appointment

I ask the court to issue an order allowing me to *(describe the action you want to take)*:

_____ for the following reason(s):

- I request a hearing on this motion.
- Attached are documents in support of my request.

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

Signature

Street Address

Printed Name

City, State, Zip

Telephone Number

E-mail

Fax

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Motion for Appropriate Relief – Guardianship Proceeding as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).