



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND  
马里兰州 \_\_\_\_\_, 马里兰州

City/County  
市/县

Located at  
位于 \_\_\_\_\_

Telephone  
电话 \_\_\_\_\_

Court Address  
法院地址 \_\_\_\_\_

Case No.  
案件编号 \_\_\_\_\_

In the Matter of  
关于 \_\_\_\_\_

Name of Alleged Disabled Person  
未成年人或宣称残疾人士姓名 \_\_\_\_\_

Docket Reference  
案卷参考 \_\_\_\_\_

## PETITION FOR APPOINTMENT OF HEALTH CARE PROFESSIONALS

医疗专业人员任命申请  
(Md. Rule 10-202 (a)(3))  
(马里兰州规则 10-202 (a)(3))

**NOTE:** Use this form if you are asking the court for guardianship of an alleged disabled person who lives with or is under the control of someone who refuses to allow them to be examined or evaluated by health care professionals (physician, psychologist, licensed certified social worker-clinical, or nurse practitioner). File this form with the **Petition for Guardianship of Alleged Disabled Person** (CC-GN-002). Attach any documents that support your request. The court may issue an order requiring the person who refuses to allow the alleged disabled person to be examined or evaluated to appear at a hearing and explain why the alleged disabled person should not be examined or evaluated. The court may also require the alleged disabled person to appear at that hearing.

注:如果您向法院申请取得一位与拒绝让其接受医疗专业人员(医生、心理医生、持照经认证社工临床工作人员或执业护士)检查或评估的人住在一起的或受其控制的宣称残疾人士的监护权, 则使用此表格。将此表格与**宣称残疾人士监护权申请**(CC-GN-002)一起提交。附上支持您的申请的任何文件。法院可以发布法令, 要求拒绝让宣称残疾人士接受检查或评估的人员出席听证会并解释为什么该宣称残疾人士不应接受检查或评估。法院还可能要求宣称残疾人士出席该听证会。

I, \_\_\_\_\_, whose address is \_\_\_\_\_  
Name  
\_\_\_\_\_, and whose telephone number is \_\_\_\_\_,  
and whose email address (if available) is \_\_\_\_\_, ask the court to appoint  
two health care professionals to examine or evaluate \_\_\_\_\_ . I state that:  
Name of alleged disabled person

本人, \_\_\_\_\_, 地址 \_\_\_\_\_  
姓名  
\_\_\_\_\_, 电话号码 \_\_\_\_\_,  
电子邮箱地址(如有) \_\_\_\_\_, 要求法院指定两位医  
疗专业人员检查或评估两位医疗专业人员检查或评估 \_\_\_\_\_。本人声明:  
宣称残疾人士姓名

1. Along with this petition, I have filed a Petition for Guardianship of the Alleged Disabled Person of \_\_\_\_\_ with this court.  
Name of alleged disabled person  
除此申请以外, 我同时向此法院提交了 \_\_\_\_\_ 的监护权申请。  
宣称残疾人士姓名
2. \_\_\_\_\_ lives with or is under the control of \_\_\_\_\_,  
Name of alleged disabled person Name

who has refused to allow \_\_\_\_\_ to be examined or evaluated by a  
Name of alleged disabled person  
health care professional. I made the following efforts to have the alleged person examined or evaluated:  
\_\_\_\_\_ 与 \_\_\_\_\_  
宣称残疾人士姓名 姓名  
住在一起或受其控制, 此人拒绝让 \_\_\_\_\_ 接受医疗专业人员宣称  
宣称残疾人士姓名  
残疾人士姓名的检查或评估。我为了让宣称残疾人士接受检查或评估做了下列努力:

3. \_\_\_\_\_ may be at risk unless a guardian is appointed. In  
Name of alleged disabled person  
addition to the concerns expressed in the Petition for Guardianship of Alleged Disabled person, I have  
the following other concerns:  
除非任命监护人, 否则 \_\_\_\_\_ 可能会面临危险。  
宣称残疾人士姓名  
除了宣称残疾人士监护权申请中所述问题以外, 我还有下列其它疑虑:

**FOR THESE REASONS, I ask the court to:**  
基于这些理由, 我要求法院:

1. Issue an order requiring \_\_\_\_\_  
Name of person the alleged disabled person lives with or is under the control of  
to appear and show cause why \_\_\_\_\_ should not be  
Name of alleged disabled person  
examined or evaluated.  
颁发法令, 要求 \_\_\_\_\_  
与宣称残疾人士一起居住或对其施加控制的人员姓名  
出席并阐明 \_\_\_\_\_ 不应接受检查  
被指称残疾人姓名  
或评估的理由。
2. Schedule a hearing as soon as possible.  
尽快安排听证会。
3. Grant any other and further relief as may be required.  
按照要求批准任何其它和进一步救济。

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, 此文件内容真实。如有不实甘受伪证罪之罚。

Date  
日期

Signature  
签名

Street Address  
街道地址

Printed Name  
大写姓名

City, State, Zip  
城市、州、邮政编码

Telephone Number  
电话号码

E-mail  
电子邮箱

Fax  
传真