



☐ 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 TO TRANSFER GUARDIANSHIP TO ANOTHER COUNTY
(Md. Rule 10-109(b))

NOTE: Use this form if you are the guardian of a minor or disabled person and want the guardianship to be transferred to the circuit court in another county in Maryland. Attach any documents that support your request.

I, _____, whose address is _____
Name
_____, whose telephone number is _____,
and whose e-mail address (if available) is _____, ask the court
to transfer the guardianship ☐ of the person ☐ of the property ☐ of the person and property of

_____ to the ☐ circuit court ☐ orphans' court of
Name of Minor or Disabled Person
_____.
City/County

I state that:

1. I was appointed as guardian ☐ of the person ☐ of the property ☐ of the person and property of

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

2. The transfer of the guardianship

☐ is in the best interest of the minor or disabled person because:

☐ serves my convenience because:

and is not inconsistent with the best interest of the minor or disabled person, and serves the interest of justice.

FOR THESE REASONS, I ask the court to:

1. Transfer the guardianship ☐ of the person ☐ of the property ☐ of the person and property of
_____ to the ☐ circuit court ☐ orphans' court of

Name of Minor or Disabled Person

City/County
2. 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

CERTIFICATE OF SERVICE

I certify that I served a copy of this Petition to Transfer Guardianship to Another County and any attachments by mail, postage prepaid, on _____ to the following interested persons:
Date

Name

Name

Name

Name

Name

Name

Name

Date

Street Address

City, State, Zip

Street Address

City, State, Zip

Street Address

City, State, Zip

Street Address

City, State, Zip

Street Address

City, State, Zip

Signature of Serving Party