



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

Name of Minor or Disabled Person
of _____
City/County

I state that:

1. I was appointed as guardian of the person of the property of the person and property of _____
Name of Minor or Disabled Person by order of this court on _____
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	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 Petition to Transfer Guardianship to Another County 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).