



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND
City/County

Located at _____ Telephone _____
Court Address Case No. _____

In the Matter of

Name of Disabled Person or Minor Docket Reference

PETITION TO TRANSFER GUARDIANSHIP TO ANOTHER STATE
(Md. Code, Estates & Trusts Art., § 13.5-301)

NOTE: Use this form if you are the guardian of a disabled person or minor and want the court to transfer the guardianship from Maryland to another state. Attach any documents that support your request.

I, _____, whose address is _____
Name
_____, whose telephone number is _____,

and whose email 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 _____
Name of Disabled Person or Minor Name of Court
in the state of _____ and in the county of _____.

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 Disabled Person or Minor Date of Guardian's Appointment

2. *Complete Section 2 if you are asking the court to transfer a guardianship of the person to another state.*

The guardianship of the person should be transferred because _____
Name of Disabled Person or Minor
now lives in or is expected to move permanently to the state of _____.

The plans for care and services in the state of _____ are:

3. *Complete Section 3 if you are asking the court to transfer a guardianship of the property to another state.*

_____ (select one):

Name of Disabled Person or Minor

☐ now lives in or is expected to move permanently to the state of _____.

☐ does not live in and is not expected to move permanently to the state of _____
but has the following significant connection to that state:

The plans for management of property in the guardianship estate in the state of _____ are:

4. Facts supporting that _____ will accept the transfer of the guardianship are:

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 state of _____, pursuant
Name of Disabled Person or Minor
to Md. Code, Estates and Trusts Art., § 13.5-301.
2. Terminate the guardianship ☐ of the person ☐ of the property ☐ of the person and property of
_____ in this court upon acceptance of the transfer by the
Name of Disabled Person or Minor
state of _____.
3. 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 State and any attachments by mail, postage prepaid, on _____ to the following interested persons:
Date

_____ Name	_____ Street Address
	_____ City, State, Zip
_____ Name	_____ Street Address
	_____ City, State, Zip
_____ Name	_____ Street Address
	_____ City, State, Zip
_____ Name	_____ Street Address
	_____ City, State, Zip
_____ Name	_____ Street Address
	_____ City, State, Zip
_____ Name	_____ Street Address
	_____ City, State, Zip
_____ Date	_____ Signature of Serving Party