



☐ 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

**PETITION FOR RESIGNATION OF GUARDIAN OF THE PERSON AND PROPERTY  
AND APPOINTMENT OF SUBSTITUTED OR SUCCESSOR GUARDIAN  
(Md. Rules 10-207 AND 10-711)**

**NOTE:** Use this form if you want to resign as guardian of the person **and** property of a minor or disabled person. File this form in the circuit or orphans' court that has jurisdiction over the guardianship. Attach any documentation that supports your request to the petition. If you are asking the court to appoint another person as substituted or successor guardian, ask that person to complete the Consent of Substituted or Successor Guardian (CC-GN-030), and attach it to the petition. **Your appointment as guardian does not end until the court enters an order accepting your resignation.**

I, \_\_\_\_\_, whose address is \_\_\_\_\_

Name

\_\_\_\_\_, whose telephone number is \_\_\_\_\_,

and whose e-mail address (if available) is \_\_\_\_\_, ask the court

to accept my resignation as guardian of the person and property of \_\_\_\_\_

Name of Minor or Disabled Person

I state that:

1. I was appointed guardian of the person for \_\_\_\_\_

Name of Minor or Disabled Person

by order of this court on \_\_\_\_\_

Date of Appointment

2. I was appointed guardian of the property for \_\_\_\_\_

Name of Minor or Disabled Person

by order of this court on \_\_\_\_\_

Date of Appointment

3. I ask to resign as guardian of the person for the following reason(s): \_\_\_\_\_

4. *Complete section 4 if you are asking the court to appoint a substituted or successor guardian of the person.*

I ask that the court appoint \_\_\_\_\_,

Name of Proposed Substituted or Successor Guardian of the Person

whose address is \_\_\_\_\_,

whose telephone number is \_\_\_\_\_, and whose e-mail address (if available)

is \_\_\_\_\_, and who is qualified to serve as guardian of the

person because: \_\_\_\_\_

- I ask that the court appoint \_\_\_\_\_,  
Name of Proposed Substituted or Successor Guardian of the Property  
whose address is \_\_\_\_\_,  
whose telephone number is \_\_\_\_\_, and whose e-mail address (if available)  
is \_\_\_\_\_, and who is qualified to serve as guardian of the  
person because: \_\_\_\_\_

- | <u>Name</u> | <u>Relationship to Minor<br/>or Disabled Person</u> | <u>Address</u> | <u>Telephone<br/>Number</u> | <u>E-mail<br/>Address</u> |
|-------------|---|----------------|-----------------------------|---------------------------|
|-------------|---|----------------|-----------------------------|---------------------------|

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**FOR THESE REASONS,** I ask the court to:

1. Accept my resignation as guardian of the person and property of \_\_\_\_\_  
Name of Minor or Disabled Person
2. *(If asking the court to appoint a substituted or successor guardian of the person)*  
  
Appoint \_\_\_\_\_ as substituted or successor guardian of the  
Name of Guardian  
person of the minor or disabled person.
3. *(If asking the court to appoint a substituted or successor guardian of the property)*  
  
Appoint \_\_\_\_\_ as substituted or successor guardian of the  
Name of Guardian  
property of the minor or disabled person.
4. Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.
5. 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