



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

Located at _____ Case No. _____
Court Address

In the Matter of

Name of Minor or Disabled Person

Docket Reference

**WAIVER OF NOTICE - INTERESTED PERSON
(Md. Rules 10-105(a))**

NOTE: In a guardianship case, interested persons have the right to receive notice about certain papers filed with the court or events that affect the minor or disabled person under guardianship. Use this form if you are an interested person (other than the minor or disabled person) and do not want to receive these notices. File this form in the circuit or orphans' court that has jurisdiction over the guardianship. **Your request is not effective until the court approves it.**

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose email address (if available) is _____, an interested
person to the guardianship of ☐ the person ☐ the property ☐ the person and property of

_____ waive the right to any and all notices in this matter.
Name of Minor or Disabled Person

I understand that I can revoke this waiver at any time by filing a revocation with the court.

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

Printed Name