



☐ **CIRCUIT** **ORPHANS' COURT FOR** \_\_\_\_\_, **MARYLAND**

City/County

巡回法院

孤儿法庭

城市/县

马里兰州

Located at \_\_\_\_\_ **Case No.** \_\_\_\_\_

地址

Court Address

法院地址

案件编号

In the Matter of  
关于

\_\_\_\_\_  
Name of Minor or Disabled Person

未成年人或残疾人姓名

\_\_\_\_\_  
Docket Reference

案卷参考

**WAIVER OF NOTICE – INTERESTED PERSON**

**(Md. Rules 10-105(a))**

通知弃权书 - 利害关系人

(马里兰州规则 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.**

注：在监护权案件中，利害关系人有权收到关于向法院提交的某些文件或影响接受监护的未成年人或残疾人之事件的通知。如果您是利害关系人（未成年人或残疾人除外）而且不想收到这些通知，则使用此表格。在对监护权有司法管辖权的巡回或孤儿法院提交此表格。您的申请在法院批准后方可生效。

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

whose telephone number is \_\_\_\_\_, and whose email address (if available) is  
\_\_\_\_\_, an interested person to the guardianship of

本人，\_\_\_\_\_, 地址

姓名

\_\_\_\_\_, 电话号码 \_\_\_\_\_, 电

子邮箱地址（如有） \_\_\_\_\_, 是

未成年人或残疾人姓名

以下监护权的利害关系人：

\_\_\_ the person

当事人

— the property  
财产

— the person and property of  
当事人及其财产

\_\_\_\_\_ waive the right to any and all notices in this matter.  
Name of Minor or Disabled Person  
\_\_\_\_\_ 放弃此事项中对任何及所有通知的权利。  
未成年人或残疾人姓名

I understand that I can revoke this waiver at any time by filing a revocation with the court.  
我理解我可以随时向法院提交撤销申请撤销此弃权。

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.  
本人郑重确认，据本人个人所知所信，此文件内容真实。如有不实甘受伪证罪之罚。

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Signature  
签名

\_\_\_\_\_  
Printed Name  
印刷体姓名