



☐ 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

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

NOTE: Use this form if you are an interested person (other than the minor or disabled person) who asked the court to waive your right to notice in a guardianship case and want to revoke that waiver. File this form in the circuit or orphans' court that has jurisdiction over the guardianship. **Your request is effective on the date you file this revocation.**

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

_____ revoke my waiver of notice approved by this court on _____
Name of Minor or Disabled Person Date

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