NARYLAND CIRCUIT CORPHA	ANS' COURT FO	RCity/Cou	, MARYLAND
Located at		•	ephone
COICIAR Located at	Court Address		se No.
In the Matter of			100.
Name of Minor		I	Docket Reference
PETITION BY STA (Md. Code, Est NOTE: Use this form if a parent deschild(ren), has not revoked your auth form in the circuit or orphans' court attach additional sheets if needed.	ates & Trusts Art., ignated you as standbority, and you want y	y § 13-904, Md. Ruby or alternate standly our authority to last	by guardian of their minor more than 180 days. File this
I,	,	whose age is	whose date of birth
is, W Date of birth	hose address is	Addres	, whose
telephone number is		, and whose	e-mail address (if available) is
Te	elephone number		oint me as standby guardian of
Email address			, -
\square the person \square the property \square the	person and property of	of the following min	or child(ren):
Name(s) of Child(ren)	Date of Birth	<u>Gender</u>	Address
I state that: 1. My relationship to the minor and my relationship to the m 2. Complete this section if it ap The minor child(ren) has/hav appoint me as standby guard Name(s) of Child(ren)	inor child(ren)'s pare plies.	Relationship ent(s) isRe	p to child(ren) elationship to parent(s) NOT asking the court to Address

3.	On,	Name(s) of parent(s)	
des	signated me as (select one):		
	\square standby guardian of the \square person \square property	\square person and property of the minor child(ren).	
	\square alternate standby guardian of the \square person \square property \square person and property of the minor		
	child(ren). The person designated as standby guardian Name of designated standby guardian		
	is unwilling or unable to act as standby guardian for the following reasons:		
	The parent(s)'s designation is attached to this petit	tion.	
4.	The witnesses to the parent(s)'s designation were		
	Witness 1	Witness 2	
Na	me:	Name:	
Ad	dress:	Address:	
Cit	y, State, Zip:	City, State, Zip:	
	one:	Phone:	
	nail (if available):	E-mail (if available):	
	Your relationship to Witness 1 (if any): Witness 2 (if any):		
5.		nild(ren) became effective on	
	Date standby guardianship began, when I receiv	ved:	
	☐ a copy of a determination from an attending plumentally incapacitated. A copy of that document	hysician that states that the parent(s) is/are	
	☐ a copy of a determination from an attending physician that states that the parent(s) is/are physically debilitated and the parent(s)'s consent to the beginning of the standby guardianship Copies of both documents are attached.		
	evidence of adverse immigration action against the parent(s) and the parent(s)'s consent to the beginning of the standby guardianship. A copy of that evidence, the parent's consent to the beginning of the standby guardianship, and the minor child(ren)'s birth certificate(s) or other evidence of parentage are attached.		
6.			
	☐ Another person has parental rights over the minor child(ren), but their identity is unknown. The following efforts were made to identify and locate them:		

	has parental rights over the minor chi	ild(ren).
Name of person with Their relationship to the minor c		. Their
_	Relationship to child(ren)	1 111011
location (select one):	• • • •	
□ is		
	Location of person with parental rights	
	lowing efforts were made to locate them (select all that apply):	
	acted last known place of employment.	
□ calle	d the last known phone number.	
□ emai	iled the last know email address.	
\square search	ched the internet and social media sites.	
□ conta	acted their family members or friends.	
\Box other	r (describe):	
	consenting to the designation are \square not known \square as follow	's (if
known):		
☐ The parent's designation was	due to an adverse immigration action and	
Ine parent's designation was	, whose relationship to the minor child(r	en) is
Name of person with pare	ental rights , whose relationship to the inmol child(i	CII) 18
	, did not sign or consent to the designation b	ecause
Relationship to child(re	en)	
they live outside of the of United	d States, namely	
,	Location of person with parental rights	
Complete this section if the pare	ent(s) designated you as the guardian of the person of the min	nor
child(ren).		
` '	ne the authority to (check all that apply):	
. ,, .	nysical and mental well-being, including providing food and	shelter
	nd take educational actions on behalf of the child(ren), inclu	
	g them up from school, making special education decisions,	_
obtaining educational records.	3 them up from school, making special education decisions,	and
	sions for the child(ren), including determining and consenting	σ to
	tal treatment, obtaining information and medical and hospital	-
	and discharges, and consulting with health care providers.	1000140,
	nal travel arrangements for the child(ren), accompany the ch	nild(ren)
	gements including hotel and other accommodations.	(1011)
, and make related arrung	,	

7.

	 □ receive and use public benefits and child support payable on behalf of the minor child(ren). □ take any other action required for the child(ren) in their best interest. Special instructions or limitations (<i>if any</i>): 				
8.		autoria (g wily).			
	Complete this section if the parent(s) designated you as the guardian of the property of the minor child(ren).				
	The designation gives m	e the authority to (che	eck all that apply):		
	protection, welfare	e, and education.		child(ren)'s clothing, support, care t payable on behalf of the minor	
	e following is all property			est, including an absolute interest, a	
	<u>Property</u>	Location	<u>Value</u>	Sole owner, joint owner (specific type), life tenant, trustee, custodian agent, etc.	
9.	(Select one): ☐ I have not been convi § 11-114, and no charge	_		n Code, Estates & Trusts Article,	
	For a listing of crimes in	n§ 11-114 see page 4	of form CC-GNIN		

☐ I was convicted of a crime listed (select all that apply):	in Code, Estan	es & 11us	is Afficie, § 1	1-114, IIailioi	У
	, a felony, in	Year	in the	Name of co	
Name(s) of felony					
Name(s) of crimes of vio	lence	, a crime	e of violence of	defined in § 1	4-101 of th
Criminal Law Article, in	in the		Name of	Conset	
assault in the second degree, in_	i	in the	Name of Name of Name	court	
-	Year		Nai	me of court	
Type(s) of sexual offen		a sexual	offense in the	third or fourt	h degree, ii
in thein					
Year	Name of cou	urt	-		
The following good cause exists for	the court to ap	point me	as standby gu	ıardian:	
I was charged with a crime listed in	Code, Estates &	ት Trusts A	article, § 11-1	14,namely	
ect all that apply):				·	in the
			article, § 11-1 a felony, in_	14,namely Year	in the
ect all that apply):				·	in the
Name of court	lony	······································		Year	
Name(s) of crimes of Name(s) of crimes of solutions.	lony f violence		a felony, in a crime of vio	Year	
Name of court	lony f violence		a felony, in a crime of vio	Year olence defined	
Name(s) of fe Name(s) of fe Name(s) of crimes of the Criminal Law Article, in	lony f violence Year		a felony, in a crime of vio	Year olence defined	d in § 14-10
Name(s) of fe Name(s) of fe Name(s) of crimes of the Criminal Law Article, in assault in the second degree, in	f violence Year Year		a felony, in a crime of vio	Year olence defined ame of court	d in § 14-10
Name(s) of fe Name(s) of fe Name(s) of crimes of the Criminal Law Article, in assault in the second degree, in	f violence Year Year		a felony, in a crime of vio	Year olence defined ame of court	d in § 14-10
Name(s) of fe Name(s) of crimes of the Criminal Law Article, in assault in the second degree, in Type(s) of sexual	f violence Year Year offense		a felony, in a crime of vio	Year olence defined ame of court	·
Name(s) of fe Name(s) of fe Name(s) of crimes of the Criminal Law Article, in assault in the second degree, in	f violence Year Year offense Name of court	in theaaa	a felony, in a crime of vio	Year olence defined fame of court of court se in the third	d in § 14-10

10. Complete this section if it applies.	who is/are at least 14 years of age, expressed the following			
Name(s) of minor children	ristate at least 14 years of age, expressed the following			
wishes regarding standby guardianship:				
11. My appointment as standby guardian(s) is in	the best interests of the minor for the following reasons:			
12. Complete this section if it applies.	ages than three months age. Attached is (calcat all that			
-	nore than three months ago. Attached is (select all that			
apply):	. 1 14			
· · · · · · · · · · · · · · · · · · ·	rimary healthcare provider that the child(ren) receive(s)			
appropriate health care.	ost recent report card or other progress report.			
a copy of the filmor child(fell) s inc	is/are enrolled in school.			
Name(s) of minor children	Is/are enroned in school.			
☐ records of court cases (including pr	roceedings in juvenile court) in which the minor			
child(ren) has/have been involved since	ce the standby guardianship became effective.			
13. The following is a list of interested persons (i	include the minor child(ren) and any person with			
parental rights to the minor child(ren)):				
<u>Name</u> <u>Address</u>	<u>Telephone</u> <u>E-mail Address (if known)</u>			
why my request should not be granted. 5. Grant any other and further relief as may be r I solemnly affirm under the penalties of perjury that the	Name(s) of minor children rty of Name(s) of minor children n and property of Name(s) of minor children d any other persons directed by the court to show cause			
knowledge, information, and belief. Date	Signature			
	-			
Street Address	Printed Name			
City, State, Zip	Telephone Number			
E-mail	Fax			