

This form contains Restricted Information.



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND
City/County
Located at _____ Telephone _____
Court Address
Case No. _____

In the Matter of

Name of Minor or Disabled Person

Docket Reference

**MOTION TO REVIEW GUARDIANSHIP
(Md. Code, Estates & Trusts Art. § 13-101(k), Md. Rule 10-103(f))**

NOTE: Use this form to ask the court to address your concern about the guardianship of a minor or disabled person. For example, use this form if you think the guardian is not fulfilling their responsibilities, is mismanaging funds, or not taking proper care of the person's medical or personal needs. Provide details. File this form in the court with jurisdiction over the guardianship. Attach additional sheets if needed.

I, _____, whose address is _____,
Name Address
whose telephone number is _____, and whose e-mail address (if available) is _____
Telephone
_____, ask the court to review the guardianship of the
E-mail

person property person and property of _____
Name of minor or disabled person

My relationship to the minor or disabled person is: _____
Relationship

I have concerns about the (*select all that apply*):

- guardian of the person, _____
Name of guardian of the person
- guardian of the property, _____
Name of guardian of the property

Specifically, (*Describe the problem or your concerns. Be specific. If known, include dates, times, locations, and witnesses.*):

Attach documents supporting your concerns (court orders, receipts, e-mails, etc.), if available.

I have or someone else has (*select all that apply*):

- reported the concerns to another authority (*child or adult protective services, law enforcement, State's Attorney office, Long Term Care Ombudsman, Social Security Administration, Department of Veterans Affairs, licensing board, etc.*):

Name of authority Date of notice/report

Results (*describe what happened with the report*):

Attach a copy of the report, protective order, and other supporting documents, if available.

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discussed the concerns with the guardian, who responded as follows:

discussed the concerns with the minor or disabled person, who responded as follows:

FOR THESE REASONS, I ask the court to *(select all that apply)*:

hold a hearing.

appoint an independent investigator to look into the following issue(s):

other *(describe)*:

order any other appropriate relief.

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

Street Address

Printed Name

City, State, Zip

Telephone Number

E-mail

Fax

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Motion to Review Guardianship as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).