

The forms are in bilingual format for your convenience, but must be completed and filed with the court in English.  
为了提供便利, 表格用双语格式提供; 但是, 向法院提交的表格必须用英语填写。



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

巡回法院 孤儿法院 \_\_\_\_\_, 马里兰州

City/County  
市/郡

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
地址 \_\_\_\_\_ 案件编号 \_\_\_\_\_

Court Address  
法院地址

In the Matter of  
关于

Name of Minor or Alleged Disabled Person  
未成年人或宣称残疾人士姓名

Docket Reference  
案卷参考

**IRREVOCABLE DESIGNATION OF PERSON ON WHOM SERVICE OF PROCESS MAY BE MADE**  
**对送达诉讼文书接收人的不可撤销指定**  
**(Estates & Trusts Art., §§ 13-207 (d) 13-707 (d))**  
**(《遗产及信托法》第 13-207 (d)、13-707 (d) 条)**

**NOTE:** If you do not live in Maryland but want to serve as guardian of the person or property of a minor or alleged disabled person, you must name a Maryland resident who may receive service of process on your behalf. Use this form to designate a resident. Have them sign this form then file it with the court.

注: 如果您不住在马里兰州, 但想成为未成年人或宣称残疾人士的人身或财产监护人, 您必须指定一位马里兰州居民代您接收送达的诉讼文书。请使用此表指定一位居民。要求其签署此表, 然后提交法院。

I, \_\_\_\_\_, prospective guardian of the  person  property  
Name  
 person and property of \_\_\_\_\_, am a resident of the  
Name of minor or alleged disabled person  
state of \_\_\_\_\_. My relationship to the  minor  alleged disabled person is  
State

Relationship

本人, \_\_\_\_\_, 系以下人员的潜在 人身监护人 财产监护人  
姓名  
人身及财产监护人: \_\_\_\_\_, 是

未成年人或宣称残疾人士姓名

州

关系

I irrevocably designate \_\_\_\_\_ as the person on whom service  
Name of registered agent  
of process may be made in the same manner and with the same effect as if it were served on me personally in the state of Maryland.

本人不可撤销地指定 \_\_\_\_\_ 接收  
登记代理人姓名  
送达的法律文书, 送达方式及效力与专人在马里兰州送达本人相同。

Date  
日期

Address  
地址

City, State, Zip  
城市、州、邮政编码

E-mail  
电子邮箱

Signature of Prospective Guardian  
潜在监护人签名

Printed Name  
楷签

Telephone Number  
电话号码

Fax  
传真

**To be completed by the Maryland Resident:  
待由马里兰州居民填写:**

I, \_\_\_\_\_, a resident of the state of Maryland, accept this  
Name  
irrevocable designation.

本人, \_\_\_\_\_, 系一名马里兰州居民, 接受此  
姓名  
不可撤销的指定。

Date  
日期

Address  
地址

City, State, Zip  
城市、州、邮政编码

E-mail  
电子邮箱

Signature of Maryland Resident  
马里兰州居民签名

Printed Name  
楷签

Telephone Number  
电话号码

Fax  
传真