



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

In the Matter of

Name of Minor or Alleged Disabled Person

Docket Reference

CO-PETITIONER INFORMATION SHEET

NOTE: Use this form if you are a co-petitioner for guardianship of a minor or an alleged disabled person.

The co-petitioner, _____, _____ whose
Name Age
address is _____, and whose e-mail
address is (if available) _____ represents to the court that:

1. The relationship of the co-petitioner to the minor or alleged disabled person is:

2. Complete Section 2 if the co-petitioner is asking the court to appoint the co-petitioner as the guardian. (Check only one of the following boxes)

☐ I have not been convicted of a crime listed in Md. Code, Estates and Trusts, § 11-114, or

☐ I was convicted of such a crime, namely:

_____.

_____, in _____ but the
Year
following good cause exists for me to be appointed as guardian:

_____.

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 of Co-Petitioner

Printed Name