



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

City/County

Located at \_\_\_\_\_

Court Address

Telephone \_\_\_\_\_

Case No. \_\_\_\_\_

In the Matter of \_\_\_\_\_

\_\_\_\_\_  
Name of Minor or Disabled Person

\_\_\_\_\_  
Docket Reference

### CONSENT OF SUBSTITUTED OR SUCCESSOR GUARDIAN

(Md. Rules 10-207, 10-208, 10-711, and 10-712)

**NOTE:** Use this form if you agree to step in as the guardian of a minor or disabled person when an appointed guardian resigns or is removed. **The court must enter an order appointing you as guardian before you can perform any guardianship duties.** If appointed as guardian of the property, you may be required to post a bond.

I, \_\_\_\_\_, \_\_\_\_\_, whose address is \_\_\_\_\_  
Your Name Age

\_\_\_\_\_, whose telephone number is \_\_\_\_\_  
Address

\_\_\_\_\_, and whose email address (if available) is \_\_\_\_\_,  
state to the court that:

1. My relationship to the minor or alleged disabled person is \_\_\_\_\_  
\_\_\_\_\_

2. I agree to serve as ☐ guardian of the person ☐ guardian of the property

☐ guardian of the person and property of \_\_\_\_\_

\_\_\_\_\_  
Name of Minor or Alleged Disabled Person

3. (Check only one of the following boxes)

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

☐ I was convicted of such a crime, namely: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, in \_\_\_\_\_, but the 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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax