



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

**PROSPECTIVE GUARDIAN INFORMATION SHEET  
(Md. Rule 10-111 and 10-112)**

**NOTE:** Use this form if you want the court to appoint you as guardian of a minor or alleged disabled person, but you are not the petitioner (the person asking the court to appoint a guardian for the minor or alleged disabled person).

I, \_\_\_\_\_, \_\_\_\_\_, whose address is \_\_\_\_\_,  
Your Name Age  
\_\_\_\_\_, whose telephone  
Address  
number is \_\_\_\_\_, and whose email address (if available) is \_\_\_\_\_,

state to the court that:

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

\_\_\_\_\_  
\_\_\_\_\_

2. (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

\_\_\_\_\_  
Prospective Guardian's Signature

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