MARYLA	$N_{\mathcal{S}} \square $ CIRCUIT $\square $ ORPHANS	' COURT FO	DR	, MARYLAND		
İ	T . 1 .		City/County			
DICIN	_e 4 Located at	Court Address				
	Matter of			0		
	Name of Minor or Disabled Person		Docket Re	eference		
	PETITION FOR TERMINA	ATION OF G (Md. Rule '		HE PERSON		
erson ourt ti uard i he gu	: Use this form to ask the court to the form within 45 days after that has jurisdiction over the guardian anship does not end until the court ardian of the guardian's duties.	r discovery of t anship. Attach a urt issues an or	he grounds for termination all required documentation rder terminating the guar	in the circuit or orphans' to the petition. The rdianship and releasing		
	Name	, whos	e address is			
	Name					
ıd wł	nose e-mail address (if available) is			, asks that the		
ourt to	erminate the guardianship of the pe	rson of		•		
state			Name of Minor or Disa	bled Person		
	My relationship to the minor or d	isabled person	is \Box guardian of the perso	n \Box guardian of the		
	property \Box guardian of the person and property \Box other (<i>describe</i>):					
2.			was appointed quardian (of the person for		
2.	Name of Guardian of the P	erson				
	Name of Minor or Disabled	Person	by order of this court on			
3.			has not exercised any con	ntrol over any property of		
	has not exercised any control over any proper Name of Guardian of the Person the minor or disabled person (for example, as guardian of the property).					
			exercised the following c	control over property of		
	Name of Guardian of the the minor or disabled person:	Person		on property of		
്-വ	N-028 (Rev. 04/2024)	Page 1 of 3	3	PETEG		

4. The following is a list of names, addresses, telephone numbers, and e-mail addresses (if available) of all interested persons (see Md. Code, Estates and Trusts Article, §13-101(j)):

	<u>Name</u>	<u>Relationship to Minor</u> or Disabled Person	<u>Address</u>	<u>Telephone</u> <u>Number</u>	<u>E-mail</u> <u>Address</u>			
5.	Guardianship of the person should be terminated because (select all that apply):							
		rea Name of Minor	ched the age of maj	ority on Date of Min	or's 18th Birthday			
		A copy of the minor's birth certificate or other proof of age is attached to this petition.						
	□	bec Name of Minor	came emancipated b	ecause of marriage or	1			
		A copy of the minor's marriage certificate is attached to this petition. Date of Minor's Marriage						
	□							
		□ no longer has the disability that was the basis for Name of Disabled Person guardianship (cessation of disability). An original medical certificate confirming the end of the						
	· ·	disability was completed by a physician who has examined the disabled person within 21 days of						
	the filing of this petition and is attached. (The physician should complete Form CC-GN-022,							
	Medical Certificate - Cessation of Disability.)							
	\Box The following other good cause exists to terminate the guardianship:							
6.	All required of	documentation is attached.			•			
C-GN	- 028 (Rev. 04/2	.024)	Page 2 of 3		PETEG			

FOR THESE REASONS, I ask the court to:

1. Accept my request to terminate guardianship of the person of

Name of Minor or Disabled Person

- 2. Release ______ from the duties as guardian of the person. Name of Guardian
- 3. Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.
- 4. Grant any other and further relief as may be required.

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	
 Printed Name	
 Street Address	
 City, State, Zip	
 Telephone Numb	er
 E-mail	Fax