MARYLAN	☐ CIRCUIT ☐ ORPHANS' COURT FOR	City/County	, MARYLAND	
CDICIARY				
-1010	Located atCourt Address	Case No.		
In the M	atter of			
Name of Minor or Disabled Person		Docket F	Reference	
	CONSENT OF SUBSTITUTED OR (Md. Rules 10-207, 10-208, 10		RDIAN	
guardian	Use this form if you agree to step in as the guardian resigns or is removed. The court must enter an or orm any guardianship duties. If appointed as guar	der appointing you as	guardian before you	
I,	Your Name	,	, whose address is	
	Address			
number	is, and whose email address (i	if available) is	,	
state to t	he court that:			
	1. My relationship to the minor or alleged disat	oled person is		
-	1. 1.1, 10. milesia, per une militar et uniogeo disuertos person le			
,	2. I agree to serve as ☐ guardian of the person ☐ guardian of the property ☐ guardian of the person and property of			
4				
	= guardian of the person and property of	Name of Minor or All	eged 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:			
	_ 1 was convicted of sach a crime, namely.			
		· 1	C 11 ' 1	
	exists for me to be appointed as guardian:, but the following good caus			
	emnly affirm under the penalties of perjury that my knowledge, information, and belief.	the contents of this d	ocument are true to the	
	Date	Sig	nature	
			ad Nama	
		Printe	ed Name	