LINERYLAND CIRCUIT CORPHANS' COURT FOR	City/County, MAR	YLAND
	City/County	
Court Address	Telephone	
Court Address	G N	
In the Matter of	Case No.	
Name of minor or alleged disabled person	Docket reference	
PRE-HEARING STATEMENT (Md. Rule 10-10		
NOTE: Use this form if the court ordered you to file a pre-he Complete only the sections listed in the court order. Your information	earing statement in a guardianship ca	ise.
Full name:		
Address:		
Telephone:		
E-mail (if any):		
I am (select one):		
the petitioner.		
☐ the attorney for the petitioner, Nar Nar	me of petitioner ·	
ine automey for the fillior of alleged disabled pe	erson.	
an interested person.		
\Box the attorney for an interested person,	me of interested person	
Minor or Alleged Disabled Person's Attendance at the He		
Select all that apply:		
☐ the minor or alleged disabled person will attend the		. 1
☐ the minor or alleged disabled person needs the folloparticipate in the hearing:	owing special accommodations to at	tend or
☐ remote electronic participation.		
☐ for the hearing to be held at_which the minor or alleged disabled perso	n has reasonable access.	place to
Other:		
☐ the alleged disabled person will not be present at the	ne hearing because*:	
	*Attorneys: See Md. Rule 10-106.1	(b)(2)
\Box I do not have the information needed to complete the	his section.	

Jury Trial Only complete this section if you are an attorney representing an alleged disabled person on a petition seeking guardianship of the person.
The alleged disabled person (<i>select one</i>): □ requests a jury trial. □ waives the right to a jury trial.
Stipulations and/or Limitation of Issues List any issues (facts, evidence, etc.) you and all other parties agree about (stipulations) or issues that you and all other parties agree need to be resolved by the court (limitations). Attach additional sheets if needed
A. Stipulations
B. Limitation of Issues
Position of Minor or Alleged Disabled Person Only complete this section if you are an attorney representing the minor or alleged disabled person.
Has your client stated or expressed a position that you are permitted to share with the court regarding:
A. The need for guardianship? ☐ Yes ☐ No If yes, what is your client's position?
B. The availability of any less restrictive alternative to guardianship? ☐ Yes ☐ No If yes, what is your client's position?
C. Limitations of the powers of the guardian of the person (if appointed) ☐ Yes ☐ No If yes, what is your client's position?
D. The appropriateness of the person proposed to be guardian of the person? ☐ Yes ☐ No If yes, what is your client's position?
E. Limitations of the powers of the guardian of the property (if appointed)? □ Yes □ No If yes, what is your client's position?
F. The appropriateness of the person proposed to be guardian of the property? □ Yes □ No If yes, what is your client's position?

Position of Petitioner or Interested Person

Only complete this section if you are the petitioner, an interested person, or an attorney representing the petitioner or an interested person.

State your/your client's position regarding:

A. The need for guardianship.
Do you/Does your client believe the minor or alleged disabled person needs a guardian of the person? \square Yes \square No \square Not applicable
Do you/Does your client believe the minor or alleged disabled person needs a guardian of the property? \square Yes \square No \square Not applicable
B. The availability of any less restrictive alternative to guardianship. Do you/Does your client believe that there are any available less restrictive alternatives to guardianship? ☐ Yes ☐ No If yes, explain:
C. Guardianship of the person (if applicable). What, if any, limits do you/does your client believe the court should place on the powers of the proposed guardian of the person (if appointed):
Do you/does your client have an objection to the proposed guardian of the person? \square Yes \square N If yes, explain:
D. Guardianship of the property (if applicable). What, if any, limits do you/does your client believe the court should place on the powers of the proposed guardian of the property (if appointed):
Do you/does your client have an objection to the proposed guardian of the property? ☐ Yes ☐ No If yes, explain:

Interested Persons Are there interested persons ☐ Yes ☐ No	ersons not previous	ly identified in a plea	ading or paper filed in	1 this case?
If yes, list their names they have been served	_	_	_	known, state whether
<u>Name</u>	<u>Address</u>	<u>Telephone</u> <u>Number</u>	E-mail Address (if known)	Relationship to Minor or Alleged Disabled person
Served? □ Yes □ No	□ Unknown			
Served? □ Yes □ No	Unknown			
Served? Yes No	∪ Unknown			
Do you/does your clie persons? (<i>If the individe participate as a party</i> If yes, explain:	dual is not designa	ted as an interested p	•	
	cluding an absolute	interest, joint interes	st, or an interest less t	disabled person owns or han absolute (trust, life Yes \square No
If yes, describe (attach				
Property	<u>Loc</u>	<u>cation</u>	<u>Value</u> <u>Tr</u>	ustee, Custodian, Agent, etc.
Expert Testimony Will you present any of the full name of	•		nal sheets if needed):	

Other Issues See court order.						
concerns, need for early hearing, etc.)? Note: This section does not apply to requ	he court should know about (e.g., preserva uests for expedited hearings in connection we whe person of an alleged disabled person (M	with medical treatment				
•	of attorney, advance health care directives person not identified in the court file?					
Mediation Do you believe that mediation would be If yes, explain what issue(s) should be ac guardian, etc.):	helpful in this case? ☐ Yes ☐ No Idressed in mediation (e.g., who should be	guardian, powers of the				
and submit written findings to the court?	an independent investigator to investigate a \square Yes \square No there is a need for guardianship, the suitab	-				
Date	Signature of Plaintiff/Attorney	Attorney Number				
Telephone Number	Printed Name					
Fax	Street Address					
E-mail	City, State, Zin					