



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

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

Court Address

In the Matter of

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

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

**MOTION FOR APPROPRIATE RELIEF - GUARDIANSHIP PROCEEDING**

**NOTE:** Use this form if you are the guardian of a minor or disabled person and want the court's permission to take an action not allowed in the order appointing you as guardian or that requires court permission (e.g., to file an annual report or fiduciary's/guardian's account late, to close a guardianship account, to move the minor or disabled person from one type of housing to another, to consent to medical treatment that poses a substantial risk of life, etc.). Attach any documents that support your request. **You may not perform the action until the court issues an order allowing you to.**

I, \_\_\_\_\_ whose address is \_\_\_\_\_,

Name

\_\_\_\_\_ whose telephone number is \_\_\_\_\_

and whose email address (if available) is \_\_\_\_\_ was appointed

guardian of the person  guardian of the property  guardian of the person and property for

\_\_\_\_\_ by order of this court on \_\_\_\_\_

Name of Minor or Disabled Person

Date of Appointment

I ask the court to issue an order allowing me to (describe the action you want to take):

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

for the following reason(s):

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

I request a hearing on this motion.

Attached are documents in support of my request.

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

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion - Guardianship Proceeding and any attachments by mail, postage prepaid, on \_\_\_\_\_ to the following interested persons:  
Date

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date Signature of Party Serving / Attorney

\_\_\_\_\_  
Attorney Number