



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

City/County

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

Court Address

In the Matter of

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

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

**PETITION TO TRANSFER GUARDIANSHIP TO ANOTHER STATE  
(Md. Code, Estates & Trusts Art., § 13.5-301)**

**NOTE:** Use this form if you are the guardian of a disabled person or minor and want the court to transfer the guardianship from Maryland to another state. Attach any documents that support your request.

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

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

and whose email address (if available) is \_\_\_\_\_, ask the court

to transfer the guardianship  of the person  of the property  of the person and property of

\_\_\_\_\_ to the \_\_\_\_\_  
Name of Disabled Person or Minor Name of Court

in the state of \_\_\_\_\_ and in the county of \_\_\_\_\_.

I state that:

1. I was appointed as guardian  of the person  of the property  of the person and property of

\_\_\_\_\_ by order of this court on \_\_\_\_\_  
Name of Disabled Person or Minor Date of Guardian's Appointment

2. *Complete Section 2 if you are asking the court to transfer a guardianship of the person to another state.*

The guardianship of the person should be transferred because \_\_\_\_\_  
Name of Disabled Person or Minor  
now lives in or is expected to move permanently to the state of \_\_\_\_\_.

The plans for care and services in the state of \_\_\_\_\_ are:

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

3. Complete Section 3 if you are asking the court to transfer a guardianship of the property to another state.

\_\_\_\_\_ (select one):  
Name of Disabled Person or Minor  
 now lives in or is expected to move permanently to the state of \_\_\_\_\_ .  
 does not live in and is not expected to move permanently to the state of \_\_\_\_\_  
but has the following significant connection to that state:

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

The plans for management of property in the guardianship estate in the state of \_\_\_\_\_ are:

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

4. Facts supporting that \_\_\_\_\_ will accept the transfer of the guardianship are:

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

**FOR THESE REASONS, I ask the court to:**

1. Transfer the guardianship  of the person  of the property  of the person and property of \_\_\_\_\_ to the state of \_\_\_\_\_, pursuant to Md. Code, Estates and Trusts Art., § 13.5-301.  
Name of Disabled Person or Minor
2. Terminate the guardianship  of the person  of the property  of the person and property of \_\_\_\_\_ in this court upon acceptance of the transfer by the state of \_\_\_\_\_ .  
Name of Disabled Person or Minor
3. 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

## CERTIFICATE OF SERVICE

I certify that I served a copy of this Petition to Transfer Guardianship to Another State 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
Date	Signature of Serving Party