



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

In the Matter of

Name of Alleged Disabled Person

Docket Reference

PETITION FOR APPOINTMENT OF HEALTH CARE PROFESSIONALS (Md. Rule 10-202 (a)(3))

NOTE: Use this form if you are asking the court for guardianship of an alleged disabled person who lives with or is under the control of someone who refuses to allow them to be examined or evaluated by health care professionals...

I, _____, whose address is _____, and whose telephone number is _____, and whose email address (if available) is _____, ask the court to appoint two health care professionals to examine or evaluate _____ . I state that:

- 1. Along with this petition, I have filed a Petition for Guardianship of the Alleged Disabled Person of _____ with this court.
2. _____ lives with or is under the control of _____, who has refused to allow _____ to be examined or evaluated by a health care professional. I made the following efforts to have the alleged person examined or evaluated:

Empty rectangular box for describing efforts to have the person examined or evaluated.

- 3. _____ may be at risk unless a guardian is appointed. In addition to the concerns expressed in the Petition for Guardianship of Alleged Disabled person, I have the following other concerns:

Empty rectangular box for describing other concerns.

Case No. _____

FOR THESE REASONS, I ask the court to:

1. Issue an order requiring _____
Name of person the alleged disabled person lives with or is under the control of
to appear and show cause why _____ should not be
Name of alleged disabled person
examined or evaluated.
2. Schedule a hearing as soon as possible.
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