



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND
City/County

Located at _____ Telephone _____
Court Address Case No. _____

In the Matter of

Name of Minor Docket Reference

PETITION BY STANDBY GUARDIAN (JUDICIAL APPOINTMENT)
(Md. Code, Estates & Trusts Art., § 13-904, Md. Rule 10-403)

NOTE: Use this form if a parent designated you as standby or alternate standby guardian of their minor child(ren), has not revoked your authority, and you want your authority to last more than 180 days. File this form in the circuit or orphans' court in the county where the minor child(ren) live(s) or is physically present. Attach additional sheets if needed.

I, _____, whose age is _____, whose date of birth
Your name Age
is _____, whose address is _____, whose
Date of birth Address
telephone number is _____, and whose e-mail address (if available) is
Telephone number
_____, ask the court to appoint me as standby guardian of
Email address

the person the property the person and property of the following minor child(ren):

<u>Name(s) of Child(ren)</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Address</u>

I state that:

- My relationship to the minor child(ren) is _____
Relationship to child(ren)
and my relationship to the minor child(ren)'s parent(s) is _____
Relationship to parent(s)
- Complete this section if it applies.

The minor child(ren) has/have the following siblings, for whom I am NOT asking the court to appoint me as standby guardian:

<u>Name(s) of Child(ren)</u>	<u>Date of Birth</u>	<u>Address</u>

3. On _____, _____
Date of parent(s)'s designation Name(s) of parent(s)

designated me as (*select one*):

standby guardian of the person property person and property of the minor child(ren).

alternate standby guardian of the person property person and property of the minor

child(ren). The person designated as standby guardian _____,
Name of designated standby guardian
is unwilling or unable to act as standby guardian for the following reasons:

The parent(s)'s designation is attached to this petition.

4. The witnesses to the parent(s)'s designation were:

Witness 1

Witness 2

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

E-mail (if available): _____

E-mail (if available): _____

Your relationship to
Witness 1 (if any): _____

Your relationship to
Witness 2 (if any): _____

5. My authority as standby guardian of the minor child(ren) became effective on _____
_____, when I received:
Date standby guardianship began

a copy of a determination from an attending physician that states that the parent(s) is/are mentally incapacitated. A copy of that document is attached.

a copy of a determination from an attending physician that states that the parent(s) is/are physically debilitated and the parent(s)'s consent to the beginning of the standby guardianship. Copies of both documents are attached.

evidence of adverse immigration action against the parent(s) and the parent(s)'s consent to the beginning of the standby guardianship. A copy of that evidence, the parent's consent to the beginning of the standby guardianship, and the minor child(ren)'s birth certificate(s) or other evidence of parentage are attached.

6. Complete this section if a person with parental rights over the minor child(ren) did not sign or consent to the parent(s)'s designation. (*Select one*):

Another person has parental rights over the minor child(ren), but their identity is unknown. The following efforts were made to identify and locate them:

_____ has parental rights over the minor child(ren).
Name of person with parental right
Their relationship to the minor child(ren) is _____. Their
Relationship to child(ren)
location (select one):

is _____.
Location of person with parental rights

is unknown and the following efforts were made to locate them (select all that apply):

contacted last known place of employment.

called the last known phone number.

emailed the last known email address.

searched the internet and social media sites.

contacted their family members or friends.

other (describe):

Their reasons for not signing or consenting to the designation are not known as follows (if known):

The parent's designation was due to an adverse immigration action and _____,
Name of person with parental rights
_____, whose relationship to the minor child(ren) is _____,
Relationship to child(ren)
_____, did not sign or consent to the designation because
they live outside of the of United States, namely _____.
Location of person with parental rights

7. Complete this section if the parent(s) designated you as the guardian of the person of the minor child(ren).

The parent(s) designation gave me the authority to (check all that apply):

provide for the child(ren)'s physical and mental well-being, including providing food and shelter.

make educational decisions and take educational actions on behalf of the child(ren), including enrolling them in school, picking them up from school, making special education decisions, and obtaining educational records.

make medical treatment decisions for the child(ren), including determining and consenting to medical, psychological, and dental treatment, obtaining information and medical and hospital records, authorizing hospital admissions and discharges, and consulting with health care providers.

make domestic and international travel arrangements for the child(ren), accompany the child(ren) on trips, and make related arrangements including hotel and other accommodations.

- receive and use public benefits and child support payable on behalf of the minor child(ren).
- take any other action required for the child(ren) in their best interest.

Special instructions or limitations (*if any*):

8. Complete this section if the parent(s) designated you as the guardian of the property of the minor child(ren).

The designation gives me the authority to (*check all that apply*):

- apply funds from the guardianship estate for the minor child(ren)'s clothing, support, care, protection, welfare, and education.
- apply for, receive, and use public benefits and child support payable on behalf of the minor child(ren).

Special instructions or limitations (*if any*):

The following is all property in which the minor child(ren) has interest, including an absolute interest, a joint interest, or an interest less than absolute (*attach additional sheets if needed*).

<u>Property</u>	<u>Location</u>	<u>Value</u>	<u>Sole owner, joint owner (specific type), life tenant, trustee, custodian agent, etc.</u>
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.....
.....

9. (*Select one*):

- I have not been convicted of or charged with a crime listed in Code, Estates & Trusts Article, § 11-114, and no charge for such a crime is currently pending against me.

For a listing of crimes in § 11-114 see page 4 of form CC-GNIN-001

(<https://mdcourts.gov/sites/default/files/court-forms/family/forms/ccgnin001.pdf/ccgnin001.pdf>).

I have been convicted of or charged with a crime listed in Code, Estates & Trusts Article, § 11-114, namely *(select all that apply)*:

I was convicted of a crime listed in Code, Estates & Trusts Article, § 11-114, namely *(select all that apply)*:

_____, a felony, in _____ in the _____.
Name(s) of felony Year Name of court

_____, a crime of violence defined in § 14-101 of the
Name(s) of crimes of violence
Criminal Law Article, in _____ in the _____.
Year Name of court

assault in the second degree, in _____ in the _____.
Year Name of court

_____ a sexual offense in the third or fourth degree, in
Type(s) of sexual offense
_____ in the _____.
Year Name of court

The following good cause exists for the court to appoint me as standby guardian:

I was charged with a crime listed in Code, Estates & Trusts Article, § 11-114, namely *(select all that apply)*:

_____, a felony, in _____ in the _____.
Name(s) of felony Year Name of court

_____, a crime of violence defined in § 14-101
Name(s) of crimes of violence
of the Criminal Law Article, in _____ in the _____.
Year Name of court

assault in the second degree, in _____ in the _____.
Year Name of court

_____ a sexual offense in the third or fourth
Type(s) of sexual offense
degree, in _____ in the _____.
Year Name of court

The following good cause exists for the court to appoint me as standby guardian:

10. Complete this section if it applies.

_____, who is/are at least 14 years of age, expressed the following wishes regarding standby guardianship:
Name(s) of minor children

11. My appointment as standby guardian(s) is in the best interests of the minor for the following reasons:

12. Complete this section if it applies.

The standby guardianship became effective more than three months ago. Attached is (select all that apply):

- a statement from the child(ren)'s primary healthcare provider that the child(ren) receive(s) appropriate health care.
- a copy of the minor child(ren)'s most recent report card or other progress report.

Name(s) of minor children is/are enrolled in school.

- records of court cases (including proceedings in juvenile court) in which the minor child(ren) has/have been involved since the standby guardianship became effective.

13. The following is a list of interested persons (include the minor child(ren) and any person with parental rights to the minor child(ren)):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>E-mail Address (if known)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR THESE REASONS, I ask the court to:

1. Complete this section if it applies.
Appoint me as standby guardian of the person of _____
Name(s) of minor children
2. Complete this section if it applies.
Appoint me as standby guardian of the property of _____
Name(s) of minor children
3. Complete this section if it applies.
Appoint me as standby guardian of the person and property of _____
Name(s) of minor children
4. Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.
5. 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
_____	_____
Street Address	Printed Name
_____	_____
City, State, Zip	Telephone Number
_____	_____
E-mail	Fax