



CIRCUIT  ORPHANS' COURT FOR \_\_\_\_\_, MARYLAND  
City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

Telephone \_\_\_\_\_

In the Matter of

\_\_\_\_\_  
Name of Minor

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

**PETITION TO REVOKE STANDBY GUARDIANSHIP**

**(Md. Code, Estates & Trusts Art., §§13-903(f) & 13-904(h), Md Rule 10-408(a))**

**NOTE:** Use this form to revoke (cancel) standby guardianship of your child(ren) after judicial appointment of a standby guardian. File this petition with the court that appointed the guardian. The court may hold a hearing.

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

whose telephone number is \_\_\_\_\_, and whose email address (if any) is \_\_\_\_\_,  
Name Address Telephone number

\_\_\_\_\_, revoke standby guardianship of the  person  
E-mail

property  person and property of the minor child(ren), \_\_\_\_\_  
Name(s) of minor children

I state that:

1. On \_\_\_\_\_ this court appointed **(check all that apply):**  
Date

\_\_\_\_\_ as standby guardian of the person of my minor  
Name of standby guardian child(ren).

\_\_\_\_\_ as standby guardian of the property of my minor  
Name of standby guardian child(ren).

\_\_\_\_\_ as standby guardian of the person and property of  
Name of standby guardian my minor child(ren).

2. I revoke the standby guardianship for the following reasons:

[Empty box for reasons]

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

Release \_\_\_\_\_ of the duties of guardian of the person.  
Name of standby guardian

Release \_\_\_\_\_ of the duties of guardian of the property.  
Name of standby guardian

Release \_\_\_\_\_ of the duties of guardian of the person and property.  
Name of standby guardian

Issue an order requiring the standby guardian(s) and interested persons to show cause why my request should not be granted.

Grant any other 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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax