☐ **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

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