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 him or her to be examined or evaluated by health care professionals (physician, psychologist, or licensed certified social worker-clinical). File this form with the **Petition for Guardianship of Alleged Disabled Person** (CC-GN-002). Attach any documents that support your request. The court may issue an order requiring the person who refuses to allow the alleged disabled person to be examined or evaluated to appear at a hearing and explain why the alleged disabled person should not be examined or evaluated. The court may also require the alleged disabled person to appear at that hearing.

I, _____, whose address is _____
Name

_____, 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:
Name of Alleged Disabled Person

1. Along with this petition, I have filed a Petition for Guardianship of the Alleged Disabled Person of _____with this court.
   Name of Alleged Disabled Person

2. _____ lives with or is under the control of _____ ,
   Name of Alleged Disabled Person Name
   who has refused to allow_____ to be examined or evaluated by a health
   Name of Alleged Disabled Person
   care professional. I made the following efforts to have the alleged person examined or evaluated:

   _____

   _____

   _____

   _____.

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

   _____

   _____

   _____

   _____.

FOR THESE REASONS, I ask the court to:

1. Issue an order requiring _____ to
   Name of Person the Alleged Disabled Person Lives With or is Under the Control Of

   appear and show cause why _____ should not be examined or evaluated.
   Name of Alleged Disabled Person

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

Reset