



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND
City/County

Located at _____ Telephone _____
Court Address Case No. _____

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 e-mail 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

Street Address

City, State, Zip

E-mail

Signature

Printed Name

Telephone Number

Fax

CERTIFICATE OF SERVICE

I certify that I served a copy of this Motion for appropriate relief - Guardianship Proceeding and any attachments by mail, postage prepaid, on _____ to the following interested persons:
Date

Name Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Name

Street Address

City, State, Zip

Date

Signature of Party Serving / Attorney

Attorney Number