



☐ CIRCUIT ☐ ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____

Court Address

Telephone _____

Case No. _____

In the Matter of

Name of Minor or Disabled Person

Docket Reference

**PETITION FOR TERMINATION OF GUARDIANSHIP OF THE PERSON
(Md. Rule 10-209)**

NOTE: Use this form to ask the court to terminate the guardianship of the person of a minor or disabled person. File this form within 45 days after discovery of the grounds for termination in the circuit or orphans' court that has jurisdiction over the guardianship. Attach all required documentation to the petition. **The guardianship does not end until the court issues an order terminating the guardianship and releasing the guardian of the guardian's duties.**

I, _____, whose address is _____
Name

_____, whose telephone number is _____,

and whose e-mail address (if available) is _____, asks that the

court terminate the guardianship of the person of _____.
Name of Minor or Disabled Person

I state that:

1. My relationship to the minor or disabled person is ☐ guardian of the person ☐ guardian of the property ☐ guardian of the person and property ☐ other (*describe*):

2. _____ was appointed guardian of the person for
Name of Guardian of the Person
_____ by order of this court on _____.
Name of Minor or Disabled Person Date

3. ☐ _____ has not exercised any control over any property of
Name of Guardian of the Person
the minor or disabled person (for example, as guardian of the property).

☐ _____ exercised the following control over property of
Name of Guardian of the Person
the minor or disabled person:

- [illegible]

- ☐ _____ reached the age of majority on _____.
Name of Minor Date of Minor's 18th Birthday

☐ _____ became emancipated because of marriage on
Name of Minor
_____. A copy of the minor's marriage certificate is attached to this petition.
Date of Minor's Marriage

- ☐ _____ no longer has the disability that was the basis for guardianship (cessation of disability). An original medical certificate confirming the end of the disability was completed by a physician who has examined the disabled person within 21 days of the filing of this petition and is attached. (The physician should complete Form CC-GN-022, Medical Certificate - Cessation of Disability.)

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FOR THESE REASONS, I ask the court to:

1. Accept my request to terminate guardianship of the person of _____.
Name of Minor or Disabled Person
2. Release _____ from the duties as guardian of the person.
Name of Guardian
3. Issue an order requiring interested persons and any other persons directed by the court to show cause why my request should not be granted.
4. 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

Street Address

City, State, Zip

Telephone Number

E-mail

Fax