

FORMATTING GUIDELINES FOR PETITIONS & PROPOSED ORDERS

ALL PETITIONS MUST RECITE ACTION REQUESTED OF THE COURT AND INCLUDE THE FOLLOWING: [1] HEADING, [2] STATEMENT OF RELEVANT FACTS, [3] VERIFICATION, [4] CERTIFICATE OF SERVICE, [5] PROPOSED ORDER OF COURT. FORMATTING SET UP IS AS FOLLOWS: {YOU MAY WISH TO CONSULT AN ATTORNEY}

IN THE ORPHANS' COURT FOR (_____) COUNTY, MARYLAND

IN THE MATTER OF
THE ESTATE OF (NAME OF DECEDENT) ESTATE NUMBER _____

(SAMPLE PETITION ONLY- DO NOT COMPLETE THIS AS A PETITION)

PETITION TO(OR FOR) _____
[SET FORTH IN DETAIL, IN SEPARATELY NUMBERED PARAGRAPHS, THE RELEVANT FACTS OF THE PETITION AS WELL AS ACTION BEING REQUESTED OF THE COURT]

VERIFICATION

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING PETITION ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

<p style="text-align: center;">THIS IS A SAMPLE DO NOT COMPLETE THIS AS A PETITION</p> <p>_____ ATTORNEY (IF APPLICABLE - SIGNATURE REQUIRED)</p> <p>_____ ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)</p> <p>_____ TELEPHONE NUMBER (INCLUDE AREA CODE)</p>	<p style="text-align: center;">THIS IS A SAMPLE DO NOT COMPLETE THIS AS A PETITION</p> <p>_____ PETITIONER (SIGNATURE REQUIRED)</p> <p>_____ ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)</p> <p>_____ TELEPHONE NUMBER (INCLUDE AREA CODE)</p>
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CERTIFICATE MAY BE ON THE SAME PAGE AS PETITION IF SPACE ALLOWS

CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT ON THE _____ DAY OF _____, _____, I MAILED, POSTAGE PREPAID, OR HAND DELIVERED [SELECT APPLICABLE METHOD OF DELIVERY], A COPY OF THE FOREGOING PETITION TO (OR FOR) _____ TO THE FOLLOWING PERSONS: (NAMES AND ADDRESSES OF PERSONS TO WHOM A COPY OF THE PETITION WAS MAILED OR DELIVERED MUST BE INCLUDED)

(EXAMPLE) - JOHN DOE; 123 MAIN STREET, ROCKVILLE, MARYLAND 20850

<p style="text-align: center;">SAMPLE FORM ONLY- DO NOT COMPLETE THIS SAMPLE PETITION</p> <p>_____ ATTORNEY (IF APPLICABLE - SIGNATURE REQUIRED)</p> <p>_____ ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)</p> <p>_____ TELEPHONE NUMBER (INCLUDE AREA CODE)</p>	<p style="text-align: center;">SAMPLE FORM ONLY- DO NOT COMPLETE THIS SAMPLE PETITION</p> <p>_____ PETITIONER (SIGNATURE REQUIRED)</p> <p>_____ ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)</p> <p>_____ TELEPHONE NUMBER (INCLUDE AREA CODE)</p>
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PLEASE NOTE: CERTIFICATE OF SERVICE ACCOMPANYING PETITIONS FOR PERSONAL REPRESENTATIVE'S COMMISSIONS AND/OR ATTORNEY'S FEES MUST INCLUDE A NOTICE TO UNPAID CREDITORS AND ALL INTERESTED PERSONS STATING AS FOLLOWS: YOU ARE HEREBY NOTIFIED THAT A PETITION FOR ALLOWANCE OF ATTORNEY'S FEES OR PERSONAL REPRESENTATIVE'S COMMISSIONS HAS BEEN FILED. YOU HAVE 20 DAYS AFTER SERVICE OF THE PETITION WITHIN WHICH TO FILE WRITTEN EXCEPTIONS AND TO REQUEST A HEARING.

PROPOSED ORDER OF COURT SHOULD BE ON A SEPARATE PAGE AND BE FORMATTED AS FOLLOWS:

IN THE ORPHANS' COURT FOR (_____) COUNTY, MARYLAND

IN THE MATTER OF
THE ESTATE OF (NAME OF DECEDENT) ESTATE NUMBER _____

ORDER OF COURT

UPON CONSIDERATION OF THE FOREGOING PETITION TO (OR FOR) _____, IT IS THIS _____ DAY OF _____, _____, ORDERED, BY THE ORPHANS' COURT FOR (_____) COUNTY [SET FORTH A BRIEF DESCRIPTION OF THE ACTION REQUESTED]

(SAMPLE PETITION ONLY- DO NOT COMPLETE THIS SAMPLE PETITION)

JUDGE

*SEE MARYLAND RULES, SECTIONS 6-121, 6-123, 6-125 AND 6-416

THIS IS A SAMPLE PETITION - DO NOT WRITE ON THIS SAMPLE- THE PETITION MUST BE SUBMITTED ON SEPARATE SHEETS OF PAPER