

**STATE OF MICHIGAN  
PROBATE COURT  
WAYNE COUNTY**  
www.wcpc.us

**ACCEPTANCE OF APPOINTMENT**  
For the Developmentally Disabled

**CASE NO. and JUDGE**

Court address  
1305 Coleman A. Young Municipal Center, 2 Woodward Ave. Detroit, MI 48226-3447

Court telephone no.  
(313) 224-5706

In the matter of \_\_\_\_\_

1. I have been appointed:

- Partial Guardian of Person.
- Partial Guardian of Estate.
- Plenary Guardian of Person.
- Plenary Guardian of Estate.
- Temporary Guardian of Person.
- Temporary Guardian of Estate
- Other: \_\_\_\_\_

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility the  
not to exceed 91 days

following real estate or ownership interest in a business entity:

\_\_\_\_\_ Describe real property or business interest

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

4.  If possible, I prefer to receive notices from the Court by email: \_\_\_\_\_  
(otherwise, documents will be mailed) (type or print email address)

\_\_\_\_\_

Attorney name (type or print) Bar no.

\_\_\_\_\_

Attorney Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone no.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (type or print)

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone no.

Put DOB in row 10 on MC 97a.

\_\_\_\_\_

Date of birth