

**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

Address

City, State, Zip

Telephone no.

Put DOB in row 10 on MC 97a.

Date of birth