

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ACCEPTANCE OF APPOINTMENT (JUVENILE GUARDIAN)	CASE NO. PETITION NO. JUDGE
Court address		Court telephone no.

In the matter of _____
 First and last name(s), alias(es)

1. I have been appointed juvenile guardian of the child named above.
2. I accept the appointment, submit to personal jurisdiction of the court, will not delegate my authority, and agree to file reports and to perform required duties.

 Date

 Signature of juvenile guardian

 Name (type or print)

 Address

 City, state, zip

 Telephone no.

 Put DOB in Ref. No row 11 on MC 97a

 Guardian's date of birth