

In re the Guardianship of:

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE

\_\_\_\_\_ JUDICIAL CIRCUIT IN AND

FOR \_\_\_\_\_ COUNTY, \_\_\_\_\_

OR

Petitioner,

and

Respondent,

\_\_\_\_\_ /

DIVISION:

CASE NUMBER:

SECTION:

### RESPONSE BY ELDERCARE COORDINATOR

I, {name} \_\_\_\_\_, notify the Court and affirm the following:

1. Acceptance: [check **one** only]

I accept the appointment as eldercaring coordinator.

I decline the appointment as eldercaring coordinator.

2. Qualifications: [choose **one** only]

I meet the qualifications as an Eldercaring Coordinator recommended by the Association for Conflict Resolution Task Force on Eldercaring Coordination.

I do not meet the qualifications recommended by the Association for Conflict Resolution. However, the parties have chosen me by mutual consent and I believe I can perform the services of an Eldercaring Coordinator because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I am not aware of any conflict, circumstance, or reason that renders me unable to serve as the Eldercaring Coordinator in this matter and I will immediately inform the court and the parties if such arises.



4. I understand my role, responsibility, and authority under the Order Referring Parties to Eldercaresing Coordinator dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

**I hereby affirm the truth of the statements in this acceptance and understand that if I make any false representations in this acceptance, I am subject to sanctions by the Court.**

Date \_\_\_\_\_  
Signature of Eldercaresing Coordinator  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Professional License # (if applicable) \_\_\_\_\_  
Professional Certification # (if applicable) \_\_\_\_\_  
Name and location of regulatory body issuing professional license or certification

I certify that a copy of this document was [check all used] to the persons listed below on {date} \_\_\_\_\_.

_____ Presiding Judge	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Petitioner	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for Petitioner	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Alleged Incapacitated (AIP)/Ward	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for AIP/Ward	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered

\_\_\_\_\_  
Eldercaresing Coordinator



DRAFT

