

STATE OF MAINE

_____ COUNTY PROBATE COURT

_____ Location of Court

In Re: _____
Incapacitated Person

DOCKET NO. _____

ACCEPTANCE OF APPOINTMENT BY GUARDIAN OF INCAPACITATED PERSON

The undersigned:

1. (a) Was or has petitioned or been nominated to be appointed guardian of the above named incapacitated person by this court or

(b) Was so appointed by a valid will.¹
2. If this was a testamentary appointment, has given (7) days prior written notice to the incapacitated person and to the person having his care or his nearest adult relative,² and states that the incapacitated person is not under the care of his spouse and

(a) both parents of the incapacitated person are dead, or

(b) the surviving parent is incapacitated.¹
3. Submits personally to the jurisdiction of this court in any proceeding relating to this guardianship.

Notice of any proceeding relating to this guardianship may be delivered or mailed to me by ordinary mail at my address given below or at such other address as I may hereafter file with this court.

Address of guardian for court records

I am familiar with my responsibilities as a guardian as set forth in 18-A MRSA § 5-312, and I accept the same willingly and without reservation, believing this acceptance to be in the best interest of the incapacitated person.

Dated: _____

Guardian

¹ Strike out (a) or (b).
² See 18-A MRSA § 5-301.

I certify that no alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court. I also certify that I have met the standards under M.R.Prob.P. 84(b).

Preparer Signature

Typed or Printed Name of Preparer

MARP