

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

In the District Court of _____ County, Utah

Court Address _____

In the Matter of Protection for _____ Protected Person	Acceptance of Appointment _____ Case Number _____ Judge
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- (1) I accept the court's appointment as: (Choose all that apply.)
 - guardian
 - conservator
- (2) I submit to the jurisdiction of the court.
- (3) Notice of any proceeding about the protected person may be delivered to me personally or mailed to me at my address as listed in the court records or to my address as then known.
- (4) I will keep the court informed of any change in my resident and mailing address.
- (5) I will report to the court as required by law and follow all court orders.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

Date

Sign here ► _____

Typed or Printed Name _____

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Protected Person's Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
(Interested Person or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Interested Person or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ► _____

Date _____

Typed or Printed Name _____