

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> CENTRAL JUSTICE CENTER 700 Civic Center Drive West Santa Ana, CA 92701-4045	
IN THE MATTER OF:	
<b>RESPONSE BY ELDERCARING COORDINATOR</b>	CASE NUMBER:

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: (check 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 Eldercaring Coordinator dated \_\_\_\_\_.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF ELDERCARING COORDINATOR