

**IN THE CHILDREN'S COURT OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re the guardianship of:

\_\_\_\_\_,'

DOB: \_\_\_\_\_

A Minor Child

=====

\_\_\_\_\_,  
Petitioner(s).

Case No. \_\_\_\_\_

**CONSENT TO  
GUARDIANSHIP**

**COMES NOW**, \_\_\_\_\_, as the parent of the above named minor, and state as follows:

1. I, \_\_\_\_\_, am the  mother  father of the above-named minor.
2. My date of birth is \_\_\_\_\_.
3. My physical address is \_\_\_\_\_.
4. I am aware that a Petition for Guardianship has been, or will be filed by, \_\_\_\_\_, the Petitioner(s) in this matter on behalf of \_\_\_\_\_, the minor.
5. I give my permission for the Petitioner(s) to be the guardians of the minor.
6. I understand that I am not giving up my parental rights, but I am allowing Petitioner to exercise all powers and duties of guardianship, which includes the same powers and duties as a parent.
7. I understand that if the Court approves the petition, the guardianship will last until the child is 18, married, deceased, adopted or ends by order of the Court, whichever comes first.
8. I understand that the Court will hold a hearing to decide whether to appoint a guardian and that I am entitled to attend this hearing and to speak at the hearing.

I will be present at the hearing in person.

- I waive my right to be present at the hearing and will not attend.
- I request permission to appear at the hearing telephonically.
- My counsel will be present at the hearing to represent my interests.
- I have not yet been notified of the hearing date.

9. I also understand that if the Court enters a guardianship order the Court may change that order in the future if necessary.

10. I understand that I can request a review hearing and ask the Court to change or end the guardianship order. However, the Court will decide whether or not to change or end the guardianship.

11. I am making this statement freely, voluntarily and intelligently. No person has made any promises to me to induce me to sign this consent form.

**\*\* DO NOT SIGN UNTIL INSTRUCTED BY A NOTARY PUBLIC OR THE JUDGE \*\***

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Attorney/Advocate Bar No. (if applicable)

/s/ \_\_\_\_\_  
Print Name – Party Electronic Signature

\_\_\_\_\_  
Date

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.

Date Affiant

Judge \_\_\_\_\_  
Signature

Notary \_\_\_\_\_  
Signature

Notary Public in and for the  
State of: \_\_\_\_\_

County of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Affix stamp or seal*