

STATE OF MAINE

PROBATE COURT

County: _____

Docket No. _____

DISTRICT COURT

Location: _____

Docket No. _____

IN RE: _____
(Minor Name)

PARENT'S CONSENT TO
APPOINTMENT OF GUARDIAN
PURSUANT TO THE INDIAN CHILD WELFARE ACT

Interim Final

18-C M.R.S. § 5-205(6)

25 U.S.C. § 1913(a), 22 M.R.S. § 3946(1)

25 C.F.R. § 23.126

1. I, _____, am the legal parent of the above-named minor child.
2. A petition to appoint a guardian for my minor child is currently pending. I wish to CONSENT to the interim final appointment of the proposed guardian, and state as follows:
 - a. Name and birthdate of the minor child: _____
 - b. Name of minor child's tribe and child's enrollment number: _____
 - c. My tribal enrollment number: _____
 - d. My address: _____
 - e. Name and address of person or entity (if any) who arranged the guardianship: _____
 - f. Name and address of the prospective guardian(s): _____
 - g. I understand the nature of a minor guardianship and I agree that the establishment of a minor guardianship for my minor child is in my minor child's best interests at this time. Yes No
 - h. I have had enough time to consider whether I wish to sign this consent and I understand that I have the right to seek legal advice and the right to have an attorney appointed to represent me if I cannot afford to hire an attorney. Yes No
 - i. As one of the parents of this minor child, I understand that I have the legal right to raise my child. I understand that I do not have to agree to this guardianship; I am entitled to a full legal proceeding to determine whether I am unwilling or unable to exercise my parental rights at this time and whether the proposed guardian is suitable. Yes No
 - j. I freely, without threats or intimidation by any person, agency, or organization, agree to the establishment of a minor guardianship, without a full court process, for my minor child. Yes No
 - k. I understand that if I want to end this voluntary guardianship for my minor child, I will have to petition the court to do so. If the guardian(s) does/do not agree, they will have to prove to the court that I am unfit to regain custody of my minor child at that time. Yes No
 - l. I understand that how long the appointment will last will be as set by the court in the Order Appointing Guardian of Minor. Yes No

Dated: _____

Signature of Parent

STATE OF MAINE

_____ COUNTY

Personally appeared the above-named _____, who under penalty of perjury, affirmed the truth of the facts in the foregoing consent as far as known or informed and freely and with full knowledge of the consequences, executed as of the date above written.

Date: _____

Judge, Probate Court / District Court