

STATE OF MICHIGAN PROBATE COURT COUNTY OF	CONSENT BY PARENT/INDIAN CUSTODIAN TO GUARDIANSHIP OF INDIAN CHILD	FILE NO.
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In the matter of _____, _____
Full name of child Name of tribe and identification no. (if one)

1. I, _____, am the parent (Date of birth _____) Indian custodian
Name of the child named above, who was born _____ at _____
Date Place

2. A judge has fully explained to me my legal rights as a parent/Indian custodian and that I do not have to sign this voluntary consent to a petition for guardianship. The explanation given to me was in a language understood by me or interpreted into my own language if I do not speak English. I understand my parental rights and that if I do sign this consent, I voluntarily suspend all of my parental rights to the child for placement with a guardian.

3. This consent is not given before or within 10 days after the birth of the child.

4. I understand that I may withdraw my consent at any time by sending written notice to the court substantially in compliance with a form approved by the State Court Administrative Office and that, upon receipt of that notice, the court will immediately enter an ex parte order terminating the guardianship and returning the child to me.

5. Of my own free will, I consent to the guardianship of the child by the petitioner(s). The name and address of the person with whom my child will be placed is _____
Name and address of proposed guardian

Date Parent/Indian custodian signature

Address City State Zip

CERTIFICATION BY JUDGE

1. Notice of this proceeding was given as required by MCR 5.109(1).
2. At a hearing where a verbatim record of testimony was made, I explained to the parent/Indian custodian her/his legal rights under MCL 712B.13 and that, by signing this consent, s/he was voluntarily suspending her/his parental rights to the Indian child for placement with the proposed guardian. the parent/Indian custodian then voluntarily signed this consent.

Date Judge Bar no.

STATEMENT OF INTERPRETER

This proceeding was translated by me to the parent/Indian custodian in his/her spoken language of _____
Spoken language

Signature of interpreter

Subscribed and sworn to before me on _____
Date County and state

My commission expires: _____ Signature: _____
Date

Notary public, State of Michigan, County of _____, _____
Name (type or print)

Address City State Zip

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