## **STATE OF MAINE**

PROBATE COURT	
County:	
Docket No.	

DISTRICT COURT Location: \_\_\_\_\_ Docket No. \_\_\_\_\_

IN RE: \_\_\_\_\_\_\_\_\_(Minor Name)

PARENT'S CONSENT TO				
<b>APPOINTMENT OF GUARDIAN</b>				
<b>OF MINOR</b>				
🗌 Interim 🔲 Final				
18-C M.R.S. § 5-205(6)				

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 appointment of the proposed guardian, and state as follows:		
a.	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
b.	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
c.	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
d.	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
e.	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 No
f.	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
Attorney for Parent, if any:	
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

## **STATE OF MAINE**

Personally appeared the above named	, and made oath that the foregoing
statements are true under penalty of perjury.	
E	Before me,
Date:	

Attorney at Law / Notary Public / Register / Clerk

COUNTY