

IN TRIBAL COURT

190 Sailstar Dr. NW Cass Lake, MN 56633 218-335-3682/3586

218-335-3682/3586 Family Division In the Matter of the Guardianship of: **CONSENT TO GUARDIANSHIP** _____, Child, DOB: CASE NO. _____ _____, Petitioner. STATE OF _______) ss. COUNTY OF ______) I, ______, mother/father of ______, a minor child, _____ years of age (DOB: ______), hereby consent to the temporary <u>(relationship)</u>, as guardianship of the child(ren) by _____ sought in the Petition for Appointment of Guardian (Minor) filed by petitioner on ______. I understand that I have the right at any time to request of the Leech Lake Tribal Court that this guardianship be dissolved. Mother/Father Subscribed and sworn to before me, a Notary Public/Clerk of Court, this ______ day of _____, 20__.

Notary Public