PCS Code: CGI TCS Code: CGI

STATE OF MICHIGAN PROBATE COURT COUNTY

CONSENT BY PARENT/INDIAN CUSTODIAN TO GUARDIANSHIP OF INDIAN CHILD

CASE NO. and JUDGE

		TO GUARDIANSHIP OF IND	DIAN CHIL	D		
Cou	rt address				С	ourt telephone no
l 4	h					
ın t	he matter of First, middle, and last name	of child	Name of t	ribe	and identification no. (if one)	
1.	I, Name	Put DOB in Ref. No.	, am the [arent (Age dian custodian)
	of the child named above, who was	s born $\frac{\text{row 10 on MC 97a}}{\text{Date}}$ at	Place			
	A judge has fully explained to me m consent to a petition for guardiansh into my own language if I do not sp voluntarily suspend all of my paren	nip. The explanation given to me reak English. I understand my p	e was in a l arental righ	lang nts a	uage understood by mand that if I do sign this	e or interpreted
3.	This consent is not given before or	within 10 days after the birth of	the child.			
	I understand that I may withdraw my with a form approved by the State i immediately enter an ex parte orde	Court Administrative Office and	that, upon	rece	eipt of that notice, the o	
	Of my own free will, I consent to the		•	er(s)	. The name and addres	ss of the person
	with whom my child will be placed i	Name and address of proposed guar	rdian			
Date	9	Parent/Ind	lian custodian	sign	ature	
Add	ress	City			State	Zip
		CERTIFICATION BY J	UDGE			
1.	Notice of this proceeding was giver	n as required by MCR 5.109(1).				
	At a hearing where a verbatim recorights under MCL 712B.13 and that the Indian child for placement with consent.	t, by signing this consent, s/he w	was volunta	arily	suspending her/his pa	rental rights to
		Judge sign	nature and da	te		

Consent by Parent/Indian Custodian to Guardianship of Indian Child	(12/21)
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0 N-		
Case No		

STATI	EMENT 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										
	Deputy clerk/Notary public signa	ature								
My commission expires on	Name (type or print)									
Notary public, State of Michigan, County of □ Acting in the County of □ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.										
Address	City	State	Zip							