TRIBAL SPOKESPERSON, ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Tribal/State Bar number, and address):	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
TRIBAL COURT OF:	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
GUARDIANSHIP OF THE PERSON ESTATE OF (Name):	-
CONSENT OF PROPOSED GUARDIAN	CASE NUMBER:
NOMINATION OF GUARDIAN	
CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE	
CONSENT OF PROPOSED GUARDIAN	
1. I consent to serve as guardian of the person estate of the minor.	
Date:	
(TYPE OR PRINT NAME) (S	IGNATURE OF PROPOSED GUARDIAN)
NOMINATION OF GUARDIAN	·
2. I am a parent of the minor a donor of a gift to the minor. I nominate	e (name and address):
as guardian of the person estate of the minor.	
	(name and address):
3. I am a parent of the minor a donor of a gift to the minor. I nominate	e (name and address).
as guardian of the person estate of the minor.	
Date:	
)	
(TYPE OR PRINT NAME)	(SIGNATURE)
NOTICE: The guardian of the person of a minor child has full legal and physical an adult or is adopted, the court changes guardians, or the court to Parents or other interested persons must petition the court to term will not do so unless the judge decides that termination would be	erminates the guardianship. ninate the guardianship. The court
CONSENT TO APPOINTMENT OF GUARDIAN AND WA	IVER OF NOTICE
4. I consent to appointment of the guardian as requested in the Petition for Appointment of	Guardian of Minor, filed on
(date): I am entitled to notice in this proceeding, but I waive	
notice of any request for independent powers contained in it. I waive timely receipt of a	copy of the petition.
DATE (TYPE OR PRINT NAME) (SIGNATUR	E) RELATIONSHIP TO MINOR
DATE (TYPE OR PRINT NAME) (SIGNATUR	E) RELATIONSHIP TO MINOR
(0.0141101)	,
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DATE (TYPE OR PRINT NAME) (SIGNATUR	E) RELATIONSHIP TO MINOR