

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
GUARDIANSHIP (JUVENILE)—CONSENT AND WAIVER OF RIGHTS	CASE NUMBER:

To the parent, legal guardian, Indian custodian, or authorized representative of the child's tribe: Read this form carefully. The judge will ask you if you understand your rights to family maintenance and reunification services, your right to a trial, and, if applicable, your rights under the Indian Child Welfare Act and whether you are voluntarily giving up those rights and consenting to the guardianship.

1. a. I am the child's mother presumed father Indian custodian
 other (specify):

and I understand that I have the right to receive family maintenance services to help the child remain in my care and family reunification services to help me reunify with the child.

- b. I am the child's biological father, and I understand that the court may order family maintenance services to help the child remain in my care and to receive family reunification services to help me reunify with the child.
- c. I am the child's alleged father, and I understand that if I am judged to be the child's biological father, the court may order family maintenance services to help the child remain in my care and family reunification services to help me reunify with the child.

For items 2 through 8, initial the line for each item that applies. If you have a question, ask your attorney or the judge before you initial that item.

Initial

2. The types of services that may be available have been explained to me. _____
3. I am not interested in receiving family maintenance services or family reunification services. _____
4. I believe that a guardianship with (name): _____
 is in the child's best interest, and I consent to his or her appointment as the guardian of the
 person estate of the child. _____
5. **I understand that by signing this document, I give up the following rights:**
- a. The right to trial or hearing on the child's placement _____
 - b. The right to see and hear witnesses who testify _____
 - c. The right to cross-examine witnesses, including the author of any reports and the persons cited in the report _____
 - d. The right to testify on my own behalf and to present my own evidence and witnesses _____
 - e. The right to use the court's authority to compel witnesses to come to court and produce evidence _____
 - f. The right to assert any privilege against self-incrimination in this proceeding _____
 - g. The right to receive family maintenance services and family reunification services _____
6. **Waiver of rights under the Indian Child Welfare Act (ICWA)** (25 U.S.C. § 1901 et seq.)
- a. The child is an Indian child and I am
 - (1) the child's Indian mother.
 - (2) the child's Indian father.
 - (3) the child's Indian custodian.
 - (4) the authorized representative of the child's tribe.

CHILD'S NAME: _____	CASE NUMBER: _____
----------------------------	---------------------------

6. b. **By signing this document, I understand that I have the following ICWA rights, which I am giving up:** **Initial**
- (1) The right to request a transfer of the proceedings to the jurisdiction of the child's tribe _____
 - (2) The right to intervene in the proceeding _____
 - (3) The right to require a showing that active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proven unsuccessful _____
 - (4) The right to require clear and convincing proof, including the testimony of qualified expert witnesses that continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child _____
 - (5) The right to have the child placed according to the statutory preference _____

7. **This waiver of rights and consent to guardianship is given with the understanding that the individual named in item 4 will be appointed as the child's guardian.** If that individual is not appointed or his or her status as the child's guardian is terminated, this waiver and consent is withdrawn and my right to a trial on the issue of the child's placement, my right to child welfare services, and any rights I may have under ICWA will be reinstated as they existed on the date this form was signed. _____

8. **I have discussed my rights with my attorney, and I knowingly and intelligently waive those rights.** _____

Date: _____

▶

(TYPE OR PRINT NAME)
(SIGNATURE)

DECLARATION OF INTERPRETER

9. The mother biological father legal guardian authorized representative of the child's tribe
 presumed father alleged father Indian custodian other (*specify*):
 is unable to read or understand this form because his or her primary language is (*specify*):

10. I declare under penalty of perjury and under the laws of the State of California that I have, to the best of my ability, read or translated this form for the person named on the signature line above who said he or she understood the form before signing it.

Date: _____

▶

(TYPE OR PRINT NAME)
(SIGNATURE OF INTERPRETER)

DECLARATION OF ATTORNEY (Required)

11. I am the attorney for mother biological father legal guardian Indian custodian
 presumed father alleged father other (*specify*):

and I have explained to him or her the following:

- a. The rights under the Indian Child Welfare Act
- b. The nature of family maintenance services and family reunification services
- c. The right to a trial, the right to assert the privilege against self-incrimination, the right to confront and cross-examine witnesses, the right to subpoena witnesses, and the right to present evidence on one's own behalf
- d. The nature of a guardianship and his or her continuing rights and responsibilities if a guardian is appointed
- e. That his or her waiver of rights and consent to guardianship will result in the appointment of the person named in item 4 as the child's guardian. If that individual is not appointed or his or her status as the child's guardian is terminated, this waiver and consent will be withdrawn and the right to a trial on the issue of the child's placement, the right to receive family maintenance and reunification services, and any rights he or she may have under ICWA will be reinstated

12. I am satisfied that he or she understands and voluntarily waives those rights and consents to the establishment of the guardianship.

Date: _____

▶

(TYPE OR PRINT NAME)
(SIGNATURE OF ATTORNEY)