

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE GUARDIANSHIP OF

**Waiver and Consent
to Minor Guardianship**

_____ Date of Birth

Case No. _____

I state that:

1. I am the mother the father a person interested as _____ of the above-named minor child.
2. I acknowledge that a petition for the appointment of (name) _____ as guardian of the person estate on the above-named minor child has been or will be filed.
3. I understand that if the court appoints a temporary guardian, the guardianship will continue for 60 days and can be extended for another 60 days.
4. I understand that if the court appoints a permanent guardian, the guardianship will continue until the ward turns 18 or until the court order is terminated.
5. By signing this document, I consent to this guardianship and waive my right to notice of hearings as required by the statutes.

Signature

Name Printed or Typed

Address

Name of Attorney
Address
Telephone Number