

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In re Guardianship of:

GUARDIAN'S CONSENT TO CUSTODIAL MINOR GUARDIANSHIP

Guardian's Information

Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Mailing Address *(if different from Street Address)*:

City/State/Zip: _____

Email Address: _____ Phone: _____

Co-Guardian (if any)

Name: _____

Parent A

Name: _____

Parent B

Name: _____

Children's Information

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

- Yes No 1. I understand I have the legal responsibility to care for the children as if they were my own. This includes the responsibility to seek out and use appropriate supports and services which may benefit the children or our family. These could include financial assistance, mental health counseling, special education, and other resources.
- Yes No 2. I understand I am accountable to the court, which has the authority to review my performance as a guardian.
- Yes No 3. The parents and I have a plan which identifies what needs to happen in order for the guardianship to end.
- Yes No 4. I understand in some situations I may also need to follow directions from the court to carry out my duties as a legal guardian.
- Yes No 5. I understand it is important for the children to maintain a relationship with their parents. I agree in good faith to ensure this connection is maintained through parent-child contact and other activities which involve the parents and the children. We have completed the *Custodial Guardianship Agreement and Family Plan* (form 700-00061PMG).
- Yes No 6. I understand the parents may file a written request to end the guardianship. If I don't agree with their request, I will have to prove to the court they are unsuitable to parent.
- Yes No 7. I understand if I want to end the guardianship I must file a written request with the court.

Proposed Guardian

Date: _____ Signature _____
 Printed Name _____

Proposed Co-Guardian (if any)

Date: _____ Signature _____
 Printed Name _____