ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
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 judge will ask you if you understand your rights to family maintenance and reunification service.	_
your rights under the Indian Child Welfare Act and whether you are voluntarily giving up those	•
guardianship.	rights and consenting to the
1. a. I am the child's mother presumed father Indian custodi	an
other (specify): and I understand that I have the right to receive family maintenance services to h	nelp the child remain in my care and family
reunification services to help me reunify with the child.	
 I am the child's biological father, and I understand that the court may order family remain in my care and to receive family reunification services to help me reunify 	·
c. I am the child's alleged father, and I understand that if I am judged to be the child family maintenance services to help the child remain in my care and family reuni the child.	
For items 2 through 8, initial the line for each item that applies. If you have a question, as initial that item.	k your attorney or the judge before you 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 holiove that a guardianahin with (name):	
4. I believe that a guardianship with <i>(name):</i> 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 persor	ns 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 e	t seg.)
a. The child is an Indian child and I am	17
(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.	Page 1 of 2

CHILD'S NAME:	CASE NUMBER:
 b. By signing this document, I understand that I have the following ICWA rights The right to request a transfer of the proceedings to the jurisdiction of the child The right to intervene in the proceeding The right to require a showing that active efforts were made to provide remediate programs designed to prevent the breakup of the Indian family and that these continued custody of the child by the parent or Indian custodian is likely to resuphysical damage to the child The right to have the child placed according to the statutory preference 	al services and rehabilitative efforts have proven unsuccessful fied expert witnesses that
7. This waiver of rights and consent to guardianship is given with the understanding item 4 will be appointed as the child's guardian. If that individual is not appointed or guardian is terminated, this waiver and consent is withdrawn and my right to a trial on the my right to child welfare services, and any rights I may have under ICWA will be reinstant this form was signed.	his or her status as the child's ne issue of the child's placement,
8. I have discussed my rights with my attorney, and I knowingly and intelligently wa	ive those rights.
Date:	
•	
(TYPE OR PRINT NAME)	(SIGNATURE)
DECLARATION OF INTERPRETER	
presumed father alleged father Indian custodian is unable to read or understand this form because his or her primary language is (specification). I declare under penalty of perjury and under the laws of the State of California that I have translated this form for the person named on the signature line above who said he or should be considered.	ve, to the best of my ability, read or
<u> </u>	
(TYPE OR PRINT NAME)	(SIGNATURE OF INTERPRETER)
	ne's own behalf a guardian is appointed atment of the person named in item be child's guardian is terminated, this d's placement, the right to receive ander ICWA will be reinstated
•	
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)