

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.:

In re Guardianship of :

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**Guardian's Consent to the Establishment of a Minor
Guardianship**

Name of Guardian		<i>DOB</i>	
Address of Guardian	<i>Street</i>		
	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
Name of Co-Guardian (if any)			
Name of Parent A			
Name of Parent B (if known)			
Name(s) of Child(ren)		<i>DOB</i>	
		<i>DOB</i>	
		<i>DOB</i>	
		<i>DOB</i>	

Yes No

1. I understand and accept that as a legal guardian for the above named child(ren) I have the legal responsibility of caring for the child(ren) as if they were my own child(ren). This includes the responsibility to seek out and utilize appropriate supports and services that may benefit the child(ren) or our family. These may include financial assistance, mental health counseling, special education, etc.

Yes No

2. I understand that 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 that identifies what needs to happen for the guardianship to end.

Yes No

4. I understand that 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. Regardless of the length of the guardianship, I understand that it is important for the child(ren) to maintain a relationship with their parents. I agree in good faith to ensure that this connection is maintained through parent-child contact and other activities that involve the parent(s) and the child(ren).

Yes No

6. I understand that if the parent(s) file a petition to terminate the guardianship and I/we don't agree, I will have to prove to the court that the parent(s) are unsuitable to parent at that time.

Yes No

7. I understand that if I want the guardianship to terminate I must file a petition to terminate it with the court.

Date

Signature of Proposed Guardian

Date

Signature of Proposed Co-Guardian, if any