

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	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)—CHILD'S CONSENT AND WAIVER OF RIGHTS	CASE NUMBER: _____

To the child: Review this form with your attorney. 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. I am the child in this court case. I understand that I have the right to receive family maintenance services to help me stay with my family and family reunification services to help me return to my family.

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

2. The types of services that may be available have been explained to me. Initial _____

3. I am not interested in receiving family maintenance services or family reunification services. _____

4. I believe that a guardianship with (name): _____
 is in my best interest, and I consent to his or her appointment as the guardian of my
 person estate. _____

5. **I understand that by signing this document, I give up the following rights:**

- a. The right to trial or hearing on my placement _____
- b. The right to see and hear witnesses who testify _____
- c. The right to cross-examine witnesses, including the people who wrote any reports and the people who provided information that is 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. I am an Indian child.
- 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 my tribe _____
 - (2) The right to require a showing that active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of my Indian family and that these efforts have proven unsuccessful _____
 - (3) The right to require clear and convincing proof, including the testimony of qualified expert witnesses, that my continued custody with my parent or my Indian custodian is likely to result in serious emotional or physical damage to me _____
 - (4) The right to be placed according to the statutory preference _____

CHILD'S NAME: _____	CASE NUMBER: _____
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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 my guardian.** If that individual is not appointed or his or her status as my guardian is terminated, this waiver and consent is withdrawn and the right to a trial on the issue of my 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 child 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 child 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 the child and I have explained to him or her the following:

- The rights under the Indian Child Welfare Act;
- The nature of family maintenance services and family reunification services;
- 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;
- The nature of a guardianship and his or her continuing rights and responsibilities if a guardian is appointed; and
- That his or her waiver of rights and consent to guardianship will result in the appointment of the person named in item 4 as his or her 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 the child understands and voluntarily waives those rights and consents to the establishment of the guardianship.

Date: _____

_____ (TYPE OR PRINT NAME)  _____ (SIGNATURE OF ATTORNEY)