IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

|  |  |  |
| --- | --- | --- |
| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  An Alleged Incapacitated Person. | )  )  )  )  )  ) | Case No.:  CONSENT OF PARENT TO APPOINTMENT OF GUARDIANS  (CON) |

The undersigned declares as follows:

1. I am the mother/father of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. I have received a copy of the Petition for Appointment of Guardian, the Order Appointing Guardian ad Litem and the Notice of Hearing in the above-captioned matter.

3. I hereby consent to the appointment of as guardian(s) of the person and estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. I am not a member of an Indian tribe or an Alaskan Native.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_200\_\_.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |