

ESTATE OF

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_____)
a minor

Gen No. _____

**APPEARANCE AND CONSENT
PETITION FOR APPOINTMENT/DISCHARGE OF GUARDIANSHIP FOR MINOR**

I, _____, relationship: mother, father or current guardian
(Name of consenting party)

of the minor child _____, state that I am under no legal disability.
(Name of minor child)

I do hereby appear, waive notice, and consent to the immediate appointment discharge of
_____, as guardian of the person of the minor child.
(Name of petitioner)

Signature of Consenting Party

Printed Name of Consenting Party

Address of Consenting Party

City/State/Zip

SUBSCRIBED and SWORN to before me this _____ day
of _____, 20_____.

Notary Public (Seal)

Prepared by:
Name: _____ Pro Se
Address: _____
City: _____ State: _____
Phone: _____ Zip Code: _____
ARDC #: _____
E-mail address: _____