
Name

Mailing Address

City, State Zip Code

Phone Number Email

- ☐ Respondent (without attorney/advocate)
☐ Attorney/Advocate for _____.

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

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|--|---|
| <p>IN RE INTEREST OF:</p> <p>_____ Minor Child(ren).</p> <p>UPON THE PETITION OF:</p> <p>_____ Petitioner(s)</p> <p>AND CONCERNING:</p> <p>_____ Respondent(s)</p> | <p>Cause No. _____</p> <p>CONSENT OF PARENT</p> |
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NOTE: If you need **more space** than is provided, attach additional pages and indicate the corresponding paragraph that goes with the attachment. **You must fill out the entire form.** If a section does not apply, put "N/A" (not applicable).

I, _____, am the biological parent of _____.

By signing this Consent, I state that I understand the rights, responsibilities, alternatives, and consequences of consenting to Guardianship to my child.

Pursuant to Title III, Section 3-2-1001 (1)(g), CSKT Laws Codified, I hereby consent to guardianship of my child(ren), so that they will remain in continued, permanent placement until age 18 through guardianship unless modified by a court of competent jurisdiction.

For the Court, I do hereby certify, state, and agree as follows:

1. That I am the biological parent of _____, born _____;
2. My pertinent information is as follows:

Full name: _____
Date of Birth: _____
Street Address: _____
Mailing Address (if different): _____
Primary Phone: _____
Relationship to Child(ren): _____
I am/am not a member of a federally recognized tribe.
Tribal Affiliation (if applicable): _____
Enrollment Number (if applicable): _____

3. My Child(ren)'s pertinent information is as follows:

Full Name: _____
Date of Birth: _____
Street Address: _____
Mailing Address (if different): _____
Primary Phone: _____
Minor Child is/is not a member of a federally recognized tribe.
Tribal Affiliation (if applicable): _____
Enrollment Number (if applicable): _____

Full Name: _____
Date of Birth: _____
Street Address: _____
Mailing Address (if different): _____
Primary Phone: _____
Minor Child is/is not a member of a federally recognized tribe.
Tribal Affiliation (if applicable): _____
Enrollment Number (if applicable): _____

4. The pertinent information regarding the proposed Guardian is as follows:

Full name: _____
Date of Birth: _____
Street Address: _____
Mailing Address (if different): _____
Primary Phone: _____
Relationship to Child(ren): _____
Proposed Guardian is/is not a member of a federally recognized tribe.
Tribal Affiliation (if applicable): _____
Enrollment Number (if applicable): _____

5. The Confederated Salish and Kootenai Tribal Court has jurisdiction over this matter pursuant to CSKT Laws Codified § 3-2-103, as this is an Indian child residing or domiciled within the Flathead Reservation or having significant contacts with the Reservation community.
6. That the Child(ren) are presently under the care of _____
_____ (proposed guardian).
7. That it is my intent that my Child(ren) remain in the care of _____
_____ (proposed guardian) under an order of guardianship until they reach the age of eighteen unless returned to my care if deemed appropriate by this Court.
8. That although I agree to guardianship in the best interest of my Child(ren), I do not want to fully extinguish all aspects of parental involvement. I wish to retain visitation rights. I wish to be appraised of my child's educational achievements, progress in life, as well as general health and well-being, including notification of any major illnesses or other significant events. I understand that I may petition the Court to revoke or modify this consent but that the Court is not required to grant revocation or modification of the guardianship but, instead, will decide what is in the best interests of the child with regard to the request.
9. That I request that the Child(ren) retain the right to inherit from me as a biological parent during this period of guardianship.
10. That I request this consent, when executed, be made available to the Confederated Salish and Kootenai Tribes of the Flathead Reservation, and that the Consent be made a part of my child's official records.

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- ☐ By checking this box, I am acknowledging I am filling in the blanks and **not** changing anything else on the form.
- ☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.
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RESPECTFULLY SUBMITTED this ____ day of _____, 20__ by:

Signature of: ☐ Respondent

☐ Attorney/Advocate for _____.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____ day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oath.

My commission expires: _____

CERTIFICATE OF MAILING

I, _____, do hereby certify that I mailed a true and accurate copy of the **CONSENT** was filed with the Court and simultaneously mailed by **first-class U.S. Mail** to the following on this ____ day of _____, 20__, at the addresses given below.

Signature