

STATE OF NORTH DAKOTA

IN JUVENILE COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____)

_____)

Case No. _____

AFFIDAVIT OF PARENT CONSENTING TO EMERGENCY GUARDIAN(S)

(Each parent must complete their own affidavit)

I _____ *(full name of parent)*,
the *(choose one)* mother **or** father of the above-named child, state as follows:

1. I am aware of the petition of _____
(name(s) of Petitioner & Co-Petitioner, if there is a co-petitioner) to become the emergency
Guardian/Co-Guardian of my above-named child.

2. I understand that the emergency guardianship is needed because *(explain your
understanding of the reasons for the emergency guardianship)*: _____

3. I believe appointment of _____
(name(s) of proposed Guardian & Co-Guardian, if there is a co-petitioner) is/are in the best interests of my child, and I consent to the appointment of emergency guardian/co-guardians.

4. I have reviewed, understand, and acknowledge the powers and duties required of a Guardian under Section 27-20.1-15 of the North Dakota Century Code (N.D.C.C.), and (choose one):

I do not request any limitations on the duties.

OR

I request the duties be limited as follows: _____

5. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Parent Consenting to Emergency Guardian(s) is true and correct.

Signed on _____ (date), in _____ (city),
_____ County, _____ (state), _____ (country).

(Parent's Signature)

(Parent's Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number and Email Address)