

**IN THE TRIAL COURT
CHEYENNE AND ARAPAHO TRIBES
P.O. BOX 102
CONCHO, OKLAHOMA 73022**

In The Matter Of The Guardianship Of: _____)

_____)

_____)

_____)

And concerning: _____)

_____)

Respondent/Natural Parent _____)

Case No: _____

APPEARANCE AND CONSENT TO GUARDIANSHIP

COMES NOW, _____, the natural _____ of the above-named child(ren) and states to the Court the following:

1. That he/she is the natural _____ of the above-named child(ren). That the child(ren) are enrolled as members of the Cheyenne and Arapaho Tribes or are eligible for enrollment with the Cheyenne and Arapaho Tribes.
2. That the child(ren)'s true and correct name and date of birth are:

3. That he/she understands that the child(ren)'s guardianship will be petitioned for by _____, child(ren)'s _____.
4. That he/she, _____ is an adult born ____ / ____ / ____ and that he/she has completed _____ grades of school; that he/she can read, write and understands the English language.
5. That he/she is an enrolled member of the Cheyenne and Arapaho Tribes.
6. That he/she consents to the jurisdiction of this Court and waives any objection he/she may enter to this Court's jurisdiction or power to enter an Order Of Guardianship regarding his/her child(ren).

7. That he/she understands that he/she has the right to refuse to consent to the guardianship of his/her children, that he/she has the right to obtain and talk to an attorney before he/she consents.
8. That he/she consents to the guardianship of his/her child(ren) for the reason that he/she believes that said guardianship is in the best interest of the child(ren).
9. That the child(ren) have been in the physical custody and care of _____ for about _____ and that he/she has observed the child(ren) with the petitioner.
10. That his/her consent to guardianship is given voluntarily and unequivocally.
11. That he/she has not received or been promised any money or anything of value for his/her consent to this guardianship of his/her children.
12. That guardianships, once made permanent are reviewed annually and that the natural parent can request a hearing at any time by Motion To Dissolve The Guardianship.

IN WITNESS WHEREOF, I, _____, have subscribed my name
 this _____ day of _____, 20_____.

 Natural Parent's Name

 Address

 City/State/Zip Code

 Area Code/Telephone Number

State of: _____)
) ss.
 County of: _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

 Notary Public