CONSENT TO GUARDIANSHIP

STATE OF SOUTH DAKOTA: SS:
COUNTY OF _____

IN CIRCUIT COURT
_____ JUDICIAL CIRCUIT

IN THE MATTER OF THE GUARDIANSHIP OF _____, Minor Child.	File No: _____ **CONSENT TO GUARDIANSHIP**

I, the undersigned, (ENTER NAME), Director of the Division of Child Protection Services, South Dakota Department of Social Services, to who was given guardianship of (ENTER NAME), by order of the (ENTER TEXT) Judicial Court, (ENTER COUNTY) County, dated (ENTER DATE) and do hereby consent to the transfer of care, control, custody, and guardianship of the said minor (ENTER NAME), at guardianship proceedings to be heard in the (ENTER TEXT) Judicial Court, (COUNTY NAME) County, on (ENTER TEXT).

Dated this (DAY) day of (MONTH), (YEAR).

_____
(NAME)
(STREET ADDRESS)
(CITY), SD (ZIP CODE)
(PHONE NUMBER)

Subscribed and sworn to me befor this (DAY) day of (MONTH, YEAR), (ENTER TEXT), South Dakota.

In witness whereof, I hereunto set my hand and official seal.

_____

Notary Public, State of South Dakota

(SEAL)

My Commission
Expires: _____