ACKNOWLEDGMENT OF RIGHT TO COUNSEL

STATE OF SOUTH DAKOTA: SS: COUNTY OF _____	IN CIRCUIT COURT _____ JUDICIAL CIRCUIT

IN THE MATTER OF THE GUARDIANSHIP OF _____, Minor Child.	File No: _____ **ACKNOWLEDGMENT OF RIGHT TO COUNSEL**

State of South Dakota:
ss:
County of (COUNTY NAME):

(ENTER NAME), having been duly sworn upon oath, state as follows:

1. I have carefully read the contents of the ***Petition for Appointment of Guardians***, the ***Statement of Rights to Seek Modification or Termination of Guardianship***, the ***Consent to and Nomination of Guardian***, and the ***Waiver of Actual Notice and Time Requirement for Hearing on Petition***.

I am aware that I have the right to obtain legal counsel before signing the ***Consent*** and ***Waiver***, that I have the right to have legal counsel represent me at all hearings in this case; that if the Court finds I cannot afford an attorney, and if I wish to have an attorney represent me, I may be entitled to court-appointed counsel as permitted by law; that these are legally-binding documents that must be read carefully before signing; and that, as the biological mother of the minor child, (ENTER NAME), I have carefully considered all aspects of this matter and hereby state I knowingly and voluntarily, consent to and petition this Court to appoint (ENTER NAME) and (ENTER NAME) as Guardians of the minor child, (ENTER NAME), because I believe that such action is in the best interest of my minor child and

of all concerned at this time. I understand that Attorney (ENTER NAME) does not represent me in this matter and, in signing this document, I am not relying on, or being influenced by, anything that (HE / SHE) has said to me.

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

_____

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

State of South Dakota:
ss:
County of (COUNTY NAME):

On this the (DAY) day of (MONTH), (YEAR) before me, the undersigned officer, personally appeared, (ENTER TEXT), known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument and acknowledged that she executed the same for the purposes therein contained.

_____

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

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

_____

Notary Public, State of South Dakota

(SEAL)

My Commission Expires: (ENTER DATE)