

NOTARIZED WAIVER AND CONSENT TO PETITION FOR GUARDIANSHIP OF MINOR	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Middle Name Last Name </div>		<div style="text-align: right; font-weight: bold;">Division</div> _____
Minor 		

I STATE THAT:

1. I am ☐ the mother ☐ the father ☐ a person interested as _____
of the above-named minor

2. I acknowledge that a Petition for Guardianship of Minor requesting the appointment of (name)

First Name
M.I.
Last Name

First Name
M.I.
Last Name

as guardian(s) of the person of the above-named minor has been or will be filed.

3. I understand that if the court appoints a temporary guardian, **the guardianship will continue for 90 days** and can be **extended for additional 90 day periods**.

4. I understand that if the court appoints a permanent guardian, the guardianship will continue **until the minor attains age 18 or upon marriage**, or until otherwise terminated by the court.

5. I understand if the court appoints a temporary or permanent guardian, I may be required to pay child support, if I otherwise have an obligation to do so under the law.

By signing this document, I consent to this guardianship and waive my rights to notice of hearings as required by the statutes.

_____ Signature of Father or Interested Person _____ (Print name) _____ (Street address) (Apt, Unit, No. etc.) _____ (City/Town) (State) (Zip) Date _____	_____ Signature of Mother or Interested Person _____ (Print name) _____ (Street address) (Apt, Unit, No. etc.) _____ (City/Town) (State) (Zip) Date _____
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NOTARIZATION

_____, SS _____ Date _____

On this _____ day of _____, 20____, _____ personally appeared
 before me, the undersigned notary public, and proved to me through satisfactory evidence of identification, which was
 _____, to be the person whose name is signed on the preceeding or attached document
 in my presence.

Signature of Notary Public

(Print name)

My Commission Expires

In the Interests of: _____ First Name Middle Name Last Name	Docket No.
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NOTARIZATION

_____, SS Date _____

On this _____ day of _____, 20____, _____ personally appeared before me, the undersigned notary public, and proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceeding or attached document in my presence.

Signature of Notary Public

(Print name)

My Commission Expires