



**Arkansas Department of Human Services
Division of Children and Family Services
Consent for Guardianship by a Minor
Over the Age of Twelve (12)**

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS

JUVENILE DIVISION

IN THE MATTER OF THE GUARDIANSHIP OF: _____

CASE NO: _____

Consent

I, _____, being a minor the age of twelve (12) or older,
do hereby consent to my guardianship by _____.

CHILD'S FULL NAME

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires:
