

**SUPERIOR COURT  
Unit**

**STATE OF VERMONT**

**PROBATE DIVISION  
Case No. \_\_\_\_\_**

**In re Guardianship of:**

**PARENT'S CONSENT TO THE ESTABLISHMENT OF A  
FINANCIAL MINOR GUARDIANSHIP**

**Parent Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address *(if different from Street Address)*: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I am the ☐ custodial parent for the child named below.

☐ non-custodial parent for the child named below.

**Child Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- I understand that my minor child has come to own real or personal property and that a guardian for those assets must be appointed.
- I understand that this guardianship appointment does not change any custodial rights and responsibilities that I may or may not have involving this child.
- I understand that at the age of majority of the child the assets subject to this guardianship will be released to my child.
- I understand that I do not have to consent to this petition to appoint a financial guardian for my child.

Date

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Parent