

**4A-505. Parental consent to appointment of kinship guardian and waiver of service of process.**

STATE OF NEW MEXICO

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_, Petitioner(s)

No. \_\_\_\_\_

IN THE MATTER OF THE KINSHIP GUARDIANSHIP OF

\_\_\_\_\_,<sup>1</sup> (a) Child(ren) (*use initials only*), and concerning

\_\_\_\_\_, Respondent(s).

**PARENTAL CONSENT TO APPOINTMENT OF KINSHIP GUARDIAN  
AND WAIVER OF SERVICE OF PROCESS**

1. I, \_\_\_\_\_ (*name of parent*), am the adoptive or biological parent of \_\_\_\_\_ (*name(s) of child(ren)*). I do hereby knowingly and voluntarily consent to the following: (*select all that apply*)<sup>2</sup>

The appointment of Petitioner(s) as TEMPORARY kinship guardian(s) for no more than one hundred eighty (180) days.

The appointment of Petitioner(s) as PERMANENT kinship guardian(s).<sup>3</sup>

2. I understand that the purpose of the guardianship is to establish a legal relationship between \_\_\_\_\_ (*child(ren)*) and \_\_\_\_\_ (*Petitioner(s)*).

3. I agree that it is in the child(ren)'s best interests that Petitioner(s) be named as the child(ren)'s Kinship Guardian(s).

4. I understand that while the guardianship is in effect, Petitioner(s) will have the right to make all decisions about visitation and the health, education, and welfare of the child(ren) unless otherwise ordered by the court.

5. I understand that I might not have visitation and it may be up to Petitioner(s) if I have visitation with my child(ren).

6. I request to be notified of hearings in this case at the address listed below. I understand that I must notify the court of any changes in my address.

7. I understand that the court may require me to pay child support.

8. I understand that I do not have to sign this consent form, and that I have the right to appear in court to contest the guardianship.

9. I understand that I may withdraw this consent before the court enters an order granting the guardianship. I also understand that to withdraw my consent I must notify the court in writing.

10. I understand that if I desire at a later date to revoke the guardianship, I will have to petition the court using Form 4A-512 NMRA and will have to prove that the circumstances have changed and that revocation is in the child(ren)'s best interests.

\_\_\_\_\_  
Signature of Respondent-parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number and email address

STATE OF NEW MEXICO )  
 )  
COUNTY OF ) ss  
 )  
\_\_\_\_\_

Acknowledged, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, Respondent-parent.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

USE NOTES

1. Enter the initials of each child listed in the Petition to Appoint Kinship Guardian.
2. You may select either option or both options, depending on whether you consent to the appointment of a temporary kinship guardian or a permanent kinship guardian or both.
3. As used in this form, a permanent kinship guardian is a guardian whose appointment continues until the child's eighteenth birthday or until the guardianship is revoked based on proof that the circumstances justifying the appointment have changed and that revocation is in the child(ren)'s best interests.

[Provisionally approved, effective August 15, 2003 until August 31, 2004; approved, effective January 20, 2005; 4-985 recompiled and amended as 4A-505 by Supreme Court Order No. 16-8300-020, effective for all pleadings and papers filed on or after December 31, 2016; as amended

by Supreme Court Order No. 22-8300-020, effective for all pleadings and papers filed on or after December 31, 2022.]