

**Rule 8.37—Form 3: Affidavit of Parental Consent**

**Instructions:**

- This form must be completed by each parent who has legal custody of the minor and is consenting to the guardianship of the minor.
- Each signing parent must complete and provide a separate form.

*If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)**

**In the Matter of the Guardianship of:**

\_\_\_\_\_  
*Initials of Protected Minor*

**Protected Minor.**

Juvenile no. \_\_\_\_\_

**Affidavit of Parental Consent**

Iowa Code § 232D.203

I certify the following: *Read, complete, and check each item if you agree.*

I, \_\_\_\_\_, am the \_\_\_\_\_  
*Print your name* *Parental relationship*

of \_\_\_\_\_ (Minor).  
*Initials of minor*

I currently have legal custody of Minor.

Minor is in need of a guardianship because *Check all that apply*

I have a physical or mental illness that prevents me from providing care and supervision of Minor.

I am, or soon will be, incarcerated or imprisoned.

I am, or soon will be, on active military duty.

Other: *Explain*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the Petition for Guardianship filed with this Affidavit.

I understand the nature of the guardianship proposed in the Petition for Guardianship.

I knowingly and voluntarily consent to the proposed guardianship.

I have had sufficient opportunity to consult with an attorney regarding this matter.

*Continued on next page*

**Attorney Help** *Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Fax number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**Oath and signature of parent**

I, \_\_\_\_\_, have read this Affidavit, and I certify under  
*Print your name*

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Affidavit is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Signature\**

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

*\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.*