ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar numbe	r, and address):	FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO.(Optional):		
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COU	NTY OF SAN DIEGO	\dashv	
☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4T☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL C☐ EAST COUNTY DIVISION, RAMONA, 1428 MONT☐ NORTH COUNTY DIVISION, 325 S. MELROSE DI SOUTH COUNTY DIVISION, 500 3RD AVE., CHUI	AVE., SAN DIEGO, CA 92101 H AVE., SAN DIEGO, CA 92101 AJON, CA 92020 ECITO RD., RAMONA, CA 92065 R., VISTA, CA 92081		
PETITIONER(S)			
RESPONDENT(S)			
THIRD-PARTY CLAIMANT(S)			
CONSENT TO CUSTODY OF AN IND	NAN CHILD TO NON DADENT	CASE NUMBER	
AND COURT CER			
1. Your Name:			
☐ Mother ☐ Father ☐ Custodian (Che	eck only one. Each parent/custodian m	ust complete a separate form.)	
2. Your Address:			
City:	State:	Zip Code:	
Telephone Number:			
2. Vous Name of Tribe(a)/Dand(a):			
3. Your Name of Tribe(s)/Band(s):			
Your Enrollment Number:	Check here if	you do not know the enrollment number.	
4. Name of Indian Child:			
Date of Birth:			
5. Indian Tribe(s)/Band(s) of Which Child is a			
Child's Enrollment Number:	Check here it	you do not know the enrollment number.	
	aire conden Oalifernia Fara Oada CO	044	
6. In contemplation of the pending custody cl	_	041,	
I VOLUNTARILY CONSENT AND AGRE	E: (Check only one)		
a. (Name of Non-Parent)	shall have partial legal and/or ph	ysical custody of the child named above.	
-OR-			
b. 🔲	shall have full legal and physical	custody of the child named above.	
(Name of Non-Parent)		-	

CASE TITLE		CASE NUMBER	
7. Relationship of Non-Parent to Indian Child:			
8. Address of Non-Parent:			
City:			
Telephone Number:	_		
By signing below, I am certifying I know and fully unders	tand the terms	and consequences of this consent.	
understand I am not waiving my rights under the Indian	Child Welfare	Act (25 U.S.C. § 1901 et seq.).	
I understand I may withdraw and revoke my consent consent, all provisions of the Indian Child Welfare Act s that upon withdrawal of my consent, my child shall be re	hall apply. Pu	rsuant to 25 U.S.C § 1913(b), I further u	
declare under penalty of perjury under the laws of the S	State of Californ	nia that the foregoing is true and correct.	
Date:			
Type or Print Name		Signature of Indian Parent/0	Custodian
JUDGE'S	CERTIFICA	TION	
Pursuant to 25 U.S.C § 1913(a), I, Judge/Commissioner			, of the
Superior Court of California, County of San Diego, hereb	y certify:		
■ This consent was completed in writing and rec	orded before r	ne.	
■ I fully explained the terms and consequences	of this consent	to (name of parent/custodian):	
■ The parent/custodian fully understood the term	ns and conseq	uences of this consent.	_
The parent/custodian understands English or t understood.	he hearing wa	s interpreted into a language the parent/c	ustodian
Date:			
		Judge/Commissioner of the Supe	erior Court