

Guardianship Assignment Consent Letter

Date: _____

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby declare my intent to assign guardianship for [Disabled Individual's Full Name], born on [Date of Birth], who is currently residing at [Disabled Individual's Address].

This consent is given due to [brief explanation of the individual's disability or reason for guardianship], and I believe that it is in their best interest to have a guardian who can provide appropriate support and assistance.

Therefore, I hereby consent to the appointment of [Guardian's Full Name], residing at [Guardian's Address], as the legal guardian for [Disabled Individual's Full Name].

The assigned guardian will have the authority to make decisions regarding [details of authority granted, e.g., medical, financial, educational].

This consent is provided willingly and without any undue pressure on my part. I understand that this guardianship can be terminated upon request, subject to legal procedures.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]