|  |  |
| --- | --- |
| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
| Case Caption:                           | **Consent to Act** |
|  | Case No.        |

An Order Appointing Guardian ad Litem or Attorney was filed on [Date]       .

I consent to my appointment as [ ]  guardian ad litem [ ]  attorney for       .

⯈

|  |  |
| --- | --- |
|  | Signature       |
| Name Printed or Typed |
|       |
| Address      |
|             |
| Telephone Number       |
| Date |
|  |       |
|  | Bar No. (if any) |