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| --- | --- | --- |
| **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       .

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