

READ BEFORE COMPLETING THE POWER OF ATTORNEY FORM

CAUTION!

All ND Legal Self Help Center forms and information are provided as a general guide to a legal process and are not intended as legal advice.

As a self-represented individual, you must independently determine if the forms and information are legally sufficient for North Dakota and for your specific circumstances. Use at your own risk.

Any user of the forms or information is hereby advised that all forms and information are provided “as is.” The forms and information provided may be subject to errors or omissions. The ND Legal Self Help Center IS NOT responsible for any consequences that may result.

If you are unsure if you should use this form, consult a lawyer.

A power of attorney allows a parent to delegate any of their authority regarding care, custody, or property of the minor child to another person; except the power to consent to the minor child’s marriage or adoption.

Power of attorney does not require a court order. However, a power of attorney cannot last more than six (6) months and may not be accepted by medical providers, insurance companies, government agencies, etc.

The parent that delegated their authority with a power of attorney may revoke the power of attorney at any time. The revocation should be in writing.

A power of attorney is not a guardianship. A guardianship is a court process where a court appoints a guardian for the child or children. The guardianship ends when the child turns 18 years of age, or when the court issues an order ending the guardianship before the child turns 18 years of age.

For information about establishing guardianship of a minor child in North Dakota state court, go to www.ndcourts.gov/legal-self-help. Under the “Guardianships and Conservatorships” section, click on the “Guardianship of Minor Children” link.

**POWER OF ATTORNEY FOR CARE AND CUSTODY
OF MINOR CHILD(REN)**

1. I am _____ (*name*), the parent legal guardian
(*check one*) of the minor child(ren):

_____ (*name*); date of birth _____

_____ (*name*); date of birth _____

2. My address is _____ (*street address*),
_____ (*city, state and zip code*)

3. I appoint the following person as my attorney-in-fact for the minor child(ren) named
above in paragraph 1:

Name _____

Address _____

City, State, Zip Code _____

4. I delegate to my attorney-in-fact the power and authority:

- a. To participate in decisions regarding the child(ren)'s or education including attending conferences with the teachers or any other educational authorities, granting permission for the child(ren)'s participation in school trips and other activities, and making any other decisions and executing any documents with respect to the child(ren)'s education.
- b. To grant consent for the child(ren) to participate in any activity which the attorney-in-fact feels appropriate.
- c. To make health care decisions on behalf of the child(ren), including decisions about medical, dental, optometric, or mental health care, whether routine or emergency in nature, including admissions to hospitals or other institutions. To refuse, consent or withdraw consent for any care, tests, treatment, and surgery procedure to diagnose or treat physical or mental conditions. To examine the child(ren)'s medical records and to consent to the disclosure of those records where the attorney-in-fact thinks it's appropriate.
- d. To generally act and execute all other documents which may be necessary or proper to see to the needs of the child(ren).

e. EXCLUDED SPECIFICALLY FROM THE AUTHORITY AND POWERS GRANTED TO THE ATTORNEY-IN-FACT:

Power or authority to consent to the marriage or adoption of the child(ren).

5. The powers granted to the attorney-in-fact shall be in effect until _____, 20____ (not to exceed six months) or until such time as the undersigned revokes this document and the powers of the attorney-in-fact in writing.

Dated this _____ day of _____, 20____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

Signed and sworn to before me on _____, 20____ by

(Notary Public or Clerk of Court)

If Notary, my commission expires: _____