

DELEGATION OF PARENTAL AUTHORITY (DOPA)
Delegation of Powers by Parent Minn. Stat. § 524.5-211

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

1. My name is _____.
(your name)
I am the parent of _____.
(your child's name)
My child's birthdate is _____.
(your child's birthday)

2. I appoint _____, to be my legal Attorney-in-Fact to have parental authority over my child, _____.

Note: Attorney-in-Fact is what the person you name to care for your child is called. That person does not have to be an attorney.

This DOPA lasts: *(check one)*

- For one year from the date of my signature
OR
 until _____, *(fill in date)* which is less than one year following the date of my signature.

3. This DOPA gives my Attorney-in-Fact permission to care for and make decisions about my child named above. These decisions include, but are not limited to:
- a. Getting medical treatment for my child
 - b. Enrolling my child in school
 - c. Providing a home, care, and supervision of my child

4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or adoption of my child.

5. I understand that by law I have to give or mail a copy of this document to any other parent within 30 days of signing it unless:

- a. The other parent does not have parenting time rights or has supervised parenting time rights
OR
- b. There is an existing Order for Protection in effect against the other parent to protect me or my child.

[SIGNATURES ON FOLLOWING PAGE – Page 2]

SIGNATURES

I swear that everything I have stated in this document is true and correct.

Parent or Guardian:

Date: _____

_____ *(sign your name)*

_____ *(print your name)*

Subscribed and sworn to before me

this ____ day of _____, 20__.

Notary Public

Attorney-in-Fact: *(the Attorney-in-Fact does not have to sign in front of a notary)*

I accept the responsibilities of Attorney-in-Fact for _____.
(child's name)

Date: _____

_____ *(Attorney-in-Fact signature)*

_____ *(Attorney-in-Fact printed name)*