

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

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

_____ (name), born on _____ (DOB)

_____ (name), born on _____ (DOB)

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

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

Name _____

Address _____

City, State, Zip Code _____

4. CHOOSE/CHECK ONLY ONE OF THE FOLLOWING:

I delegate to my attorney-in-fact all power and authority that I have as a parent or guardian, **except** the power to consent to marriage or adoption. **OR**

I delegate to my attorney-in-fact only the specific authority to:

5. This Power of Attorney lasts until _____ (date – must be within 6 months of signing this Power of Attorney) or until the powers of the attorney in fact are revoked by me in writing.

6. This Power of Attorney lasts even in the event of my disability or incapacity.

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: _____