

## **INSTRUCTIONS FOR POWER OF ATTORNEY FOR CARE AND CUSTODY OF MINOR CHILD(REN) OR PROTECTED PERSON**

- Number 1 – check one of the boxes that fits your situation (parent or guardian)
- Number 1 – write the full name and date of birth for each child or protected person
- Number 2 – put your street address/ mailing address, city, state and zip code
- Fill in the person's name and address that you are naming as the attorney in fact
- Number 2 (e) of the long form – if there is anything that you do not want the attorney in fact to have the power to do, write that in the blanks provided
- Put the date that the powers and duties of the attorney in fact end.  
Note: North Dakota law states that this date cannot be longer than six months from signing this document

**NOTE:** date and sign the document in front of a Notary Public