

Zoo siab nrog koj! Koj tau ua tiav koj daim ntawv tso cai saib xyuas menyuam lawm. Nov yog yam koj yuav tsum ua:

- **Tshuaj Xyuas Koj Cov Ntaub Ntawv.**

Ua ntej koj luam koj daim ntawv, nyeem kom zoo zoo thiab xyuas kom meej tias txhua yam yog lawm. Yog tias koj siv Word, koj tuaj yeem kho txhua qhov yuam kev uas koj pom. Yog tias koj xav tau hloov pauv tab sis koj tsis muaj Word, tej zaum koj yuav tau sim dua siv lub khoos phis tawj ntawm lub tsev qiv ntawv lossis lwm qhov chaw pej xeem.

- **Luam Koj Daim Ntawv.**

Yog tias koj lub khoos phis tawj txuas nrog lub tshuab luam ntawv, koj tuaj yeem luam daim ntawv no txhua lub sijhawm los ntawm kev nyem rau ntawm cov ntaub ntawv "File" thiab tom qab ntawd xaiv qhov "Print." Koj kuj tseem tuaj yeem luam ntawv los ntawm kev tuav lub khawm "Ctrl" thaum nias lub khawm tus "P". Yog tias koj tsis muaj lub tshuab luam ntawv, koj tuaj yeem nrhiav tau ib qho ntawm lub tsev qiv ntawv.

- **TSIS TXHOB kos npe los yog sau hnuv tim rau daim ntawv tam sim.**

Koj yuav tsum kos npe thiab sau hnuv tim rau koj daim ntawv (DOPA) rau ntawm tus neeg ua pov thawj. Nqa koj daim npav ID uas muaj duab vim tias tus neeg pov thawj yuav tsum tau kuaj xyuas. Koj tus kws lij choj TSIS tas yuav kos npe rau ntawm tus neeg pov thawj. Lawv yuav tsum kos npe ua ntej siv cov ntaub ntawv.

- **Luam theej ntau daim ntawv TOM QAB koj kos npe rau daim ntawv tag.**

Tom qab tus neeg pov thawj kos npe thiab muab cov ntawv luam theej daim ntawv kom tau ob peb daim. Khaws ib daim ua pov thawj thiab muab daim tiag rau koj tus neeg sawv cev uas tau tso cai.

- **Yog Xav Paub Ntxiv:**

Nyeem daim ntawv tshawb nrhiav qhov tseeb txog kev tso cai rau niam txiv (DOPA) ntawm no: <https://www.lawhelpmn.org/self-help-library/fact-sheet/delegationparental-authority-dopa>.

We want to thank [Respond: Crisis Translation](#) for donating their time and services to translate this document.

DELEGATION OF PARENTAL AUTHORITY (DOPA) /

KEV MUAB CAI RAU NIAM TXIV (DOPA)
Delegation of Powers by Parent Minn. Stat. § 524.5-211/
Kev Muab Hwj Chim Los Ntawm Niam Txiv Minn. Stat. § 524.5-211

STATE OF MINNESOTA /

XEEV MINNESOTA

)

) ss.

COUNTY OF /

)

LUB NROOG _____

1. My name is / *Kuv lub npe hu ua* _____.

(Koj Lub Npe)

I am the parent of / *Kuv yog niam thiab txiv ntawm* _____.

(Koj Tus Me Nyuam Lub Npe)

My child's birthdate is / *Kuv tus me nyuam hnuv yog nub tim* _____.

(Koj tus Me Nyuam Hnuv Yug)

2. I appoint / *Kuv tsa* _____ to be my legal Attorney-in-Fact to have parental authority over my child / *ua kuv tus neeg sawv cev muab hwj chim raws li txoj cai lij choj kom saib xyuas kuv tus menyuam,* _____.

Note: An 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 / **Nco Tseg:** Tus tau txais hwj chim yog tus neeg uas koj tau muab npe tsa ua tus saib xyuas koj tus menyuam hu ua. Tus neeg ntawd tsis tas yuav yog ib tug kws coj cai lij choj.

This DOPA lasts / *Qhov PODA no kav ntev: (xaiv ib qho)*

[] For one year from the date of my signature / *Mus rau ib lub xyoo txij hnuv kuv kos npe*

OR / *LOS SIS*

[] Until / *txog thaum,* _____ which is less than one year following the date of my signature / *(sau hnuv tim) uas yog tsawg dua ib lub xyoos tom qab hnuv uas kuv tau kos npe.*

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 / *Daim ntawv tso cai (DOPA) no muab kev tso cai rau kuv Tus Kws Lij Choj uas yog tus saib xyuas thiab txiav txim siab txog kuv tus menyuam uas tau teev npe saum toj no. Cov kev txiav txim siab no suav nrog, tab sis tsis txwv rau:*

- a. Getting medical treatment for my child / *Muab kev kho mob rau kuv tus menyuam.*
- b. Enrolling my child in school / *Kev sau npe menyuam kawm ntawv.*
- c. Providing a home, care, and supervision of my child / *Muab tsev nyob, kev saib xyuas, thiab kev saib xyuas rau kuv cov menyuam.*

4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or adoption of my child / *Daim ntawv tso cai (DOPA) ua tus sawv cev no tsis pub kuv tus neeg sawv cev pom zoo rau kuv txoj kev sib yuav lossis kev saws me nyuam.*
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 / *Kuv nkag siab tias raws li txoj cai kuv yuav tsum muab lossis xa daim ntawv theej no rau lwm tus niam txiv tsis pub dhau 30 hnub tom qab kos npe tsuas yog tias:*
 - a. The other parent does not have parenting time rights or has supervised parenting time rights / *Tus niam thiab txiv tod tsis muaj cai saib xyuas tus menyuam, lossis muaj cai saib xyuas tus menyuam tau raws li kev saib xyuas.*

OR / *LOS SIS*

- b. There is an existing Order for Protection in effect against the other parent to protect me or my child / *Muaj ib daim ntawv txiav txim tiv thaiv uas siv tau rau niam txiv sab tod los tiv thaiv kuv lossis kuv tus menyuam.*

[KOS NPE NYOB RAU NPLOOJ NTAWV NTXUAS NTXIV TOM NTEJ – Nplooj Ntawv Sab 2]

SIGNATURES / *KOS NPE*

I swear that everything I have stated in this document is true and correct / *Kuv cog lus tias txhua yam uas kuv tau hais hauv daim ntawv no yog qhov tseeb thiab raug.*

Parent or Guardian / Niam Txiv lossis Tus Saib Xyuas:

Date / *Hnub Tim:* _____

(Sign your name / *Kos Koj Lub Npe*)

(Print your name / *Sau Koj Lub Npe*)

Subscribed and sworn to before me this / *Tau kos npe thiab cog lus rau ntawm kuv xub ntiag No*
_____ day of / *Hnub Ntawm* _____, 20_____.

Notary Public / *Cov Neeg Pov Thawj Pej Xeem*

Attorney-in-Fact: (the Attorney-in-Fact does not have to sign in front of a notary) /
Tus Kws Lij Choj -hauv-Qhov Tseeb: (*Tus Kws Lij Choj tsis tas yuav kos npe rau ntawm tus neeg sau ntawv pov thawj*)

I accept the responsibilities of Attorney-in-Fact for /
Kuv lees txais lub luag haujlwm los ntawm uas tus kws lij choj-hauv-Qhov Tseeb rau

(child's name / *Me Nyuam Lub Npe*)

Date / *Hnub Tim:* _____

(*Kws lij choj-hauv-qhov tseeb Kos Npe*)

(*Tus Lws Lij -hauv-qhov tseeb Sau npe*)