

Hambalyo! Waxaad diyaarisay foomka Wakiilsiinta Awoodda Waalidnimo. Waa kuwan tallaabooyinka xiga:

- **Dib u eeg dukumiintigaaga.**

Ka hor inta aadan daabicin foomkaaga, si taxaddar leh u akhri oo hubi in wax walba saxan yihiin. Haddii aad isticmaalayso Word, waad sixi kartaa khaladaadka. Haddii aadan haysan Word, waxaa laga yaabaa inaad u baahato inaad mar kale isku daydo adigoo isticmaalaya kombiyuutar maktabad ama meel dadweyne.

- **Daabac foomka.**

Haddii kombiyuutarkaagu ku xiran yahay daabace, waad daabici kartaa adigoo gujinaya “File” kadibna “Print”, ama adigoo riixaya Ctrl + P. Haddii aadan haysan daabace, waxaad ka heli kartaa maktabad.

- **HA saxiixin ama taariikh HA ku darin isla markiiba.**

Waa inaad saxiixdaa oo taariikhda ku dartaa foomka DOPA adigoo hortiisa jooga qoraa sharci (nootaayo). Soo qaado aqoonsi (ID) sawir leh.

Qareenkaaga-xaqa ah uma baahna inuu hortiisa ku saxiixo qoraa sharci, balse waa inuu saxiixo ka hor inta uusan isticmaalin foomka.

- **Samee nuqullo KA DIB marka foomka la saxiixo.**

Samee nuqullo ka dib marka qoraa sharci uu saxiixo oo shaabadeeyo. Hal nuqul adiga hayso, asalkana sii looyarkaaga rasmiga ah.

- **Wixii macluumaad dheeraad ah:**

Ka akhri warqadda xogta ee Wakiilsiinta Awoodda Waalidnimo:

[https://www.lawhelpmn.org/self-help-library/fact-sheet/delegationparental-authority-dopa.](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) / WAKIILSIINTA
AWOODDA WAALIDNIMO (DOPA)**

Delegation of Powers by Parent Minn. Stat. § 524.5-211 / *U dirista Awoodaha Waalidka
ee waafaqsan Minn. Stat. § 524.5-211*

STATE OF MINNESOTA _____)

)

COUNTY OF / *IS-MAAMULKA* _____)

1. My name is / *Magacaygu waa* _____.
I am the parent of / *Waxaan ahay waalidka* _____.
My child's birthdate is / *Taariikhda dhalashada ilmahaygu waa*
_____.

2. I appoint / *Waxaan u magacaabayaa* _____ to be my legal
Attorney-in-Fact to have parental authority over my child / *inuu noqdo*
Qareenkayga-Xaqa ah si uu u yeesho awood waalidnimo oo ku saabsan
ilmahayga.

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 / *Fiiro gaar ah: Qareenka-Xaqa ah waa magaca qofka aad u magacaabayso inuu daryeelo ilmahaaga. Qofkaasi qasab maahan inuu yahay qareen.*

This DOPA lasts / *DOPA-du waxay shaqaynaysaa:*

[] For one year from the date of my signature / *Hal sano laga bilaabo taariikhda saxiixayga.*

OR / *AMA*

[] until / *laa* _____ (*fill in date*) which is less than one year following the date of my signature / (*taariikh ku qor*) *taas oo ka yar hal sano laga bilaabo markii aan saxiixo.*

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 / *DOPA-gan wuxuu siinayaa Qareenkayga-Xaqa ah ogolaansho uu ku daryeelo oo go'aanno uga gaaro ilmahayga kor ku xusan. Go'aannadan waxaa ka mid ah, laakiin kuma eka:*

- A. Getting medical treatment for my child / *Inuu ilmahayga helo daaweyn caafimaad*
- B. Enrolling my child in school / *Inuu ilmahayga ka diiwaangelin karo iskuulka*
- C. Providing a home, care, and supervision of my child / *Inuu ilmahayga siin karo hoy, daryeel, iyo kormeer*

4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or adoption of my child / *DOPA-du uma oggola Qareenkayga-Xaqa ah inuu u oggolaado guur ama korsasho ilmahayga.*

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 / *Waxaan fahamsanahay in sharcigu igu waajibinayo inaan nuqul siiyo ama boostada ugu diro dukumiintigan waalidka kale 30 maalmood gudahood kadib marka la saxiixo ilaa:*

a. The other parent does not have parenting time rights or has supervised parenting time rights / *Waalidka kale aanu lahayn xuquuq wakhti-daryeelka oo ilmaha ah ama uu leeyahay xuquuq wakhti-daryeel oo kormeer aj*

OR / *AMA*

b. There is an existing Order for Protection in effect against the other parent to protect me or my child / *Ay jirto Amar Ilaalin oo hadda jira oo ka dhan ah waalidka kale si loo ilaaliyo aniga ama ilmahayga.*

SIGNATURES / SAXIIXYADA

I swear that everything I have stated in this document is true and correct / Waxaan ku dhaaranayaa in wax kasta oo aan ku sheegay dukumiintigan ay yihiin kuwo run ah oo sax ah.

Parent or Guardian / Waalid ama Mas'uulka:

Date / Taariikh: _____
(Sign your name / magacaaga ku saxiix)

(Print your name / magacaaga ku qor)

Subscribed and sworn to before me this / Waxaa lagu saxiixay laguna dhaartay hortayda maalintan _____ day of / ee _____, 20__.

Notary Public / Nootaayo Dadweyne

Attorney / Qareenka-Xaqa ah: (the Attorney-in-Fact does not have to sign in front of a notary / el Apoderado no tiene que firmar ante un notario / Qareenka-Xaqa ah looma baahna inuu nootaayo horteeda ku saxiixo)

I accept the responsibilities of Attorney-in-Fact for / Waxaan aqbalayaa mas'uuliyadaha Qareenka-Xaqa ah ee ilmaha _____.
(child's name / magaca ilmaha)

Date / Taariikhda: _____
(Attorney-in-Fact signature / Saxiixa Qareenka-Xaqa ah)

(Attorney-in-Fact printed name / Ku qor magaca Qareenka-Xaqa ah)